additional pages

Texas Ethics Comr	nission P.O. Box 12070 A	ustin, Texas 78711-	2070 (51	2) 463-5800	1-800-325-850
I .	ATE / OFFICEHOL SN FINANCE REP			FOI COVER SH	RM C/OH HEET PG 1
The C/OH Instruction	Guide explains how to complete th	1 ACCOUNT: (Ethics Comr	# mission filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST M 15 NICKNAME LAST	read	SUFFIX	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STAT	TE; ZIP CODE	Date Hand-delivered	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 755-1551		INSION	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Charl NICKNAME LAST Eddie Why	es tehead	MI S SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE);	APT/SUITE# CITY:	STATE: T+ 7861	ZIP CODE	·
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 755-2817	EXTE			
9 REPORTTYPE	January 15 30th day befo		ff [15th day after ca appointment (offi	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year 2010	
11 ELECTION	Month Day Year ELE	CTION TYPE Primary Runoff	c	eneral	Special
12 OFFICE	OFFICE HELD (if any)		ESOUGHT (If known)		· 1-1
I4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are ca Candidates are required to disclose this Name	Impaign expenditures made I	hy others without the	e candidate's prior o	onsent or approval expenditure.
	Address / PO Box; Apt. / Suite #; City:	State: Zip Code			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPOR	I & IOIAL	.5	COVER SHEET PG 2
15 C/OH NAME	whik he	ar)	16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL	→ This box is for r	notice of political contributions accepted or political expenditures made beder. These expenditures may have been made without the candidate's occholders are required to report this information only if they receive notice	r officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
additional pages	0, 20, 10	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 195 00
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2070
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$1972.18
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 1005.22
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	
19 AFFIDAVIT		I swear, or affirm, under penalty of period is true and correct and includes all interest me under Title 15. Election Code.	(II)
AFFIX MOTARY STAMP	/ SEAL ABOVE	Signature of Candid	ate or Officeholder
Sworn to and subscrib	.0	fy which, witness my hand and seal of office.	, this the/_ot day
Manuy K. Signature d'officer adn	Collins ninistering oath	Nancy K. ColLins Printed name of officer administering oath Title	A otany Public e of officer administering oath

POLITIC OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	s		SCHEDULE A
The Instruction	on Guide explains how to complete this form.		1 Total pages Scher	dule A:
2 FILER NAM			3 ACCOUNT # (Ethi	ics Commission filers)
Lisa	J. Whitehead			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/6/10	Lann- Lindsey	50	10000	}
	6 Contributor address; City; State; Zip Code	🕅	100	1
	2115 CR112 Burnet, 74 78611		(If travel outside o	of Texas, complete Schedule T)
O Delegioni com	pation / Job title (See Instructions)	10 Employer (See I		
a Lucibai occr	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			P
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Charles & Whilehead		00	1
1/6/10	Contributor address; City; State; Zip Code		1000	ı
	309 Julie St			
	Burnet, It 78611			of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor		Amount of	In-kind contribution description (if applicable)
	Earline Zimmerman		contribution (\$)	Gescription (ii applicable)
1/8/2010	Contributor address; City; State; Zip Code		س الم	†
	3113 FM 963			
	→ 1		ì	1
			(if travel outside	of Texas, complete Schedule T)
Principal occu	Burnet, 7+ 78011	Employer (See		of Texas, complete Schedule T)
Principal occi		Employer (See	Instructions)	
Date	Burnet, 7+ 78011 upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID#:		Amount of contribution (\$)	of Texas, complete Schedule T) In-kind contribution description (if applicable)
Date	Burnet, 7+ 78011 upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID#:		Amount of contribution (\$)	In-kind contribution
Date	Burnet, 7+ 78011 upation / Job title (See Instructions)		Instructions) Amount of	In-kind contribution
Date	Burnet, 7+ 7 Sell upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID# Teann, Haul Nelson Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution
Date	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID#		Amount of contribution (\$)	In-kind contribution
Date	Burnet, 7+ 7 Sell upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID# Teann, Haul Nelson Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date 1/12/3010 Principal occ	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID#		Amount of contribution (\$) OO OO (If travel outside Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date 2 20 0 Principal occur	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) CO CO (If travel outside Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date 2 20 0 Principal occur	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) OO OO (If travel outside Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date 2 20 0 Principal occur	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) CO CO (If travel outside Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Date 2 20 0 Principal occur	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) IOO GO (If travel outside Instructions) Amount of contribution (\$) 500 GO	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occi	Burnet, Tt TSUI upation / Job title (See Instructions) Full name of contributor out-of-stale PAC (ID#	Employer (See	Amount of contribution (\$) (If travel outside Instructions) Amount of contribution (\$) 500 50	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occi	Burnet, 7+ 7801 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) (If travel outside Instructions) Amount of contribution (\$) 500 50	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCH	EDI	ш	E	
200	EUL	-		

The Instruction	on Guide explains how to complete this form.		1 Total pages Schedu	le A:
			3 ACCOUNT # (Ethics	Commission filers)
FILER NAM	1. Ih, te head			
-159)	7 Amount of	In-kind contribution
Date	5 Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
29/2010	Richardursha		250	
	6 Contributor address; City; State; Zip Code		i	
	Plaza Dal Sol Business Center		i	
	12111 RR 12, Suit 108 Wimberly Tt 78674		(If travel outside of	Texas, complete Schedule T)
Dringing occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Principal occu	pation / 502 time (502 time)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12=1200	Archie Simon		50	2020, passa (** 1)
ا مرامدا	Contributor address; City; State; Zip Code		30	
	P.O. Bor 789		1	
	1 '			
	marbleFalls, TX 78611	Employer (See		Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	instructions)	
			Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable
1/29/2010	Linda Gairett		50	
(10-1)	Contributor address; City; State; Zip Code		l i	
	Elm St			
	marble Falls, 7+ 7865	4	(If travel outside o	of Texas, complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
r meipar oo				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
			John Comment	1
			• †	1
	Contributor address: City: State: Zip Code	ı		.
	Contributor address; City; State; Zip Code	1		
	Contributor address; City; State; Zip Code			Tunna complete Schedule T
				of Texas, complete Schedule T
Principal oc	Contributor address; City; State; Zip Code	Employer (See		of Texas, complete Schedule T
Principal oc	cupation / Job title (See Instructions)			In-kind contribution
Principal oc			Instructions)	of Texas, complete Schedule T
	cupation / Job title (See Instructions)		Instructions) Amount of	In-kind contribution
	cupation / Job title (See Instructions)	Employer (See	Instructions) Amount of	In-kind contribution
	cupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See	Instructions) Amount of	In-kind contribution
	cupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicabl
Date	cupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See	Amount of contribution (\$)	In-kind contribution

PLEDO	GED CONTRIBUTIONS	exas 78711-2070	(512) 463-	SCHEDULE B
The instru	ction Guide explains how to complete this form.		1 Total pages this S	chedule B:
2 FILER NA	ME		3 ACCOUNT # (Ethi	cs Commission filers)
Lisall	Ohitehead			
4 TOT	AL OF UNITEMIZED PLEDGES:	ç ⇔ ⇔	⇔ ⊄∙	\$ \$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
				f Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instruc-	Employer (See I	<u> </u>	f Texas, complete Schedule T)
tions)	parion, sob line (ese mande	Employer (Geo II	visit detions)	
Date	Full name of pledgor oul-of-state PAC (ID#	entrepro-manus brador abort developes - decadebador - bib ais - is in	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	THE RESERVE THE PARTY OF THE PA	Texas, complete Schedule T)
Date	Full name of pledgor o::L-d-state PAC (ID#:)	Amount of	In-kind description
	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
If c	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instru			requirements.

LOANS			SCHEDULE	E
The Instruction (Guide explains how to complete this fo		otal pages Schedule E:	
FILER NAME		3 A	CCOUNT # (Ethics Commission filers)	
Lisa J	Whitehead			
	OF UNITEMIZED LOANS:	a a b c c	\$ 4	
Date of loan	7 Name of lender	Out-of-state PAC (ID#:	9 Loan Amount (\$)	
Is lender a financial Institution?	8 Lender address; City: State;	Zip Code	10 Interest rate	
Y N			11 Maturity date	
2 Principal occupation	1/ Job title (See Instructions)	13 Employer (See Instructi	ons)	
4 Description of Collate	ral			
5 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed	d (\$)
not applicable	17 Guarantor address: City; State;	Zip Code		
9 Principal Occupation		20 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#) Loan Amount (\$)	
Is lender a financial institution?	Lender address: City; State;	Zip Code	Interest rate	,
Y N			Maturity date	
Principal occupation	n/ Job title (See Instructions)	Employer (See Instructions)		
Description of Collate	eral			
	Name of guarantor		Amount Guarantee	ed (\$)
GUARANTOR INFORMATION			12. 122	
	Guarantor address; City: State:	Zip Code		

	mmission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800 1-800-325-8	3506
POLITIC	AL EXPENDITURES		SCHEDULE	F
The Instruction	on Guide explains how to complete this form.		1 Total pages Schedule F:	
	J. Whitehead		3 ACCOUNT # (Ethics Commission filers) 7 Amount	
1/6/2010	5 Payee name USPS 6 Payee address; City: State; Zip Code Burnet 17+ 78611		352	
required.)	nent (See instructions regarding type of information	9 • Complete if of Candidate / Officeholder	irect expenditure to benefit C/OH •• name Office sought Office) held
(If travel outside	of Texas, complete Schedule T)		Amount	
Date 1/7 2010	Payee name Fett- Fist Sign S Payee address; City; State; Zip Code		662	
	207 5 Water Burnet. 7+ 78611		64 O (O) 4 s	
Purpose of payi required.)	ment (See instructions regardIng type of information	Complete if Candidate / Officeholde	direct expenditure to benefit C/OH •• r name Office sought Offic	ce held
(If travel outside	e of Texas, complete Schedule ⊺)		Amount	
Date	Payee name FeHT Fast Sign S Payee address; City: State; Zip Code		195	
	207 S Water Burnet Tx 78611		İ	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete il Candidate / Officeholde	direct expenditure to benefit C/OH •• or name Office sought Offi	ice held
(If travel outs	ide of Texas, complete Schadule T)			
Date	Payee name		Amount (\$)	
	Feth Fast Signs Payee address; City: State; Zip Cod		81.18	
	Burnet, Tt 78611		I direct expanditure to benefit C/OH ••	
Purpose of par required.)	yment (See instructions regarding type of information	Complete Candidate / Officehold	of direct expenditure to benefit C/OH •• Iter name Office sought Of	fice held
(if travel outside	de of Texas, complete Schedule T)			

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instructi	on Guide explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAME	5 Whiteh ead	3	ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
1/25/2010	Burnet Bulletin 6 Payee address; City; State; Zip Code PO.Bot 160		7200
8 Purpose of pays required.)	ment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •- e Office sought Office held
(If travel outside	of Texas, complete Schedule T)		
Date	Payee name		Amount (\$)
1/29/2010	KBay Hill Country Radio Payee address; City; State; Zip Code		560 (s)
	:55 26 7 us 281		
	MarbleFalls, 7+ 78ell		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder nan	t expenditure to benefit C/OH •• ne Office sought Office held
(If travel outside	of Texas, complete Schedule T)		
Date	Payee name		Amount (\$)
1/31/2010	Dabra Pass City; State; Zip Code		50
	ment (See instructions regarding type of information		t expenditure to benefit C/OH
required.)	ide of Texas, complete Schedule T)	Candidate / Officeholder nar	ne Office sought Office held
Date	Payee name		Amount
1			(\$)
	Payee address; City; State; Zip Code		
Purpose of pay required.)	rment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH •• ne Office sought Office held
(If travel outside	le of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED `

POLITION MADE	CAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE G
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule G:
FILER NAM	J Whitehead	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information requ	ired.) Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)	Amount
Date	Payee name Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.) Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)	Amount
Date	Payee name Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information rec	uired.) Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)	Amount
Date	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information re	quired.) Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
		Reimbursement
	Purpose of expenditure (See instructions regarding type of information re	from political contributions intended

		_		
PAYMEI TO A BU	NT FROM POLITICAL CONTR JSINESS OF C/OH	RIBUTIONS		SCHEDULE H
	ion Guide explains how to complete this form.		1 Total pages Schedu	le H:
The Instruct	ion Guide explains now to complete and		3 ACCOUNT # (Ethics	Commission filers)
FILER NAME			•	
-159	5 Whitehead		7	
Date	5 Business name			(\$)
	6 Business address; City; State; Zip Code			
Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete Candidate / Officeho	e if direct expenditure to Ider name Of	benefit C/OH •• fice sought Office hel
(If travel outside	of Texas, complete Schedule T)			Amount
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
				W 2/211
required.)	ment (See instructions regarding type of Information of Texas, complete Schedule T)	•• Comple Candidate / Officeh	te if direct expenditure to older name C	o benefit C/OH ** Office he
required.)	yment (See instructions regarding type of Information e of Texas, complete Schedule T) Business name	•• Comple Candidate / Officeh	te if direct expenditure to	o benefit C/OH ** Office he Amount (\$)
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(If travel outsid	e of Texas, complete Schedule T) Business name	Candidate / Officeh	ete if direct expenditure	Amount (\$)
(If travel outsident Date Purpose of parequired.)	e of Texas, complete Schedule T) Business name Business address; City; State; Zip Code	Candidate / Officeh	ete if direct expenditure	Amount (\$)
(If travel outsident Date Purpose of parequired.)	Business name Business address; City; State; Zip Code yment (See instructions regarding type of information	Candidate / Officeh	ete if direct expenditure	Amount (\$) to benefit C/OH •• Office sought Office I
(If travel outside Date Purpose of parequired.)	Business address; City; State; Zip Code yment (See instructions regarding type of information de of Texas, complete Schedule T) Business name	candidate / Officeh	ete if direct expenditure	Amount (\$) to benefit C/OH •• Office sought Office to
Purpose of parequired.) (If travel outsident	Business address; City; State; Zip Code yment (See instructions regarding type of information de of Texas, complete Schedule T) Business name	candidate / Officeh	ete if direct expenditure	Amount (\$) to benefit C/OH ** Office sought Office h
Purpose of parequired.) (If travel outsident	Business address; City; State; Zip Code yment (See instructions regarding type of information de of Texas, complete Schedule T) Business name Business address; City: State; Zip Code	Candidate / Officeh Candidate / Officel Candidate / Officel	ete if direct expenditure	Amount (\$) Amount (\$) Amount (\$) Amount (\$)

The Instri	uction Guide explains how to complete this form.	1 Total pages Schedule I:
		3 ACCOUNT # (Ethics Commission filers)
LER NA	J Whitehead	
SG Date	5 Payee name	8 Amount (\$)
Date	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information re	equired.)
Date	Payee name	Amount (\$)
	Payee address: City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information r	equired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	200 + 180 + 10 E
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information	- 26) + - (6)
Date		- 26) + - (6)
Date	Purpose of expenditure (See instructions regarding type of information	required.)
Date	Purpose of expenditure (See instructions regarding type of information Payee name	Amount (\$)
Date	Purpose of expenditure (See instructions regarding type of information Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information	required.) Amount (\$) required.)

, is Ethics Co	ommission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800	1-800-325-850
	S (optional)	S	CHEDULE K
The Instruct	ion Guide explains how to complete this form.	Total pages Schedule K:	
ILER NAME	ACCOUNT # (Ethics Comm	Commission filers)	
) S G Date	5 Payor name	8	Amount (\$)
	6 Payor address; City; State; Zip Code		
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State: Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City: State; Zip Code	90	
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	

exas Ethics Commis	esion PO.	Box 12070	Austin, Te	xas 78	711-2070	(512) 463-5800	1-800-325-8506
IN-KIND COI	NTRIBUT	ION OR F	POLITICA	AL EX			SCHEDULE T
The Instruction						1 Total pages Schedule T	
2 FILER NAME						3 ACCOUNT # (Ethics	Commission filers)
1:00	Whi	tehead	1.51				
Name of Contributor	Corporation or	Labor Organizati	on / Pleagor / P				
5 Contribution / Expend	liture reported o	on:				D Schedule F	Schedule G
Schedule A Schedule B Schedule C Schedule D Schedule D PAC-E							
☐ Sc	hedule H	Schedule N	COH-U	c L		L PAC-C	
6 Dates of travel 7 Name of person(s) traveling							
	8 Departure	city or name of d	leparture location	on			
			destination loc	ation			
		on city or name of					
10 Means of transporta	ition	11 Purpose of tra	evel (including r	ame of co	onference, s	eminar, or other event)	
Name of Contributor /	Corporation or	Labor Organizati	on / Pledgor / P	ayee			
Contribution / Expend	chedule A	Schedule B	Sched	ule C	Schedul	e D Schedule	F Schedule G
	chedule H	Schedule N		uc [] сон-т	PAC-C	PAC-E
Dates of travel		erson(s) traveling					
Dates of travel							
	Departure	city or name of de	sparture location	·			
	Destination	n city or name of	destination loca	tion			
Means of transportati	ion	Purpose of trav	vel (including na	ime of co	nference, se	minar, or other event)	
Name of Contributor	/ Corporation o	or Labor Organiza	ition / Pledgor /	Payee 			
Contribution / Expen	nditure reported	on:				ute D	e F Schedule G
s	Schedule A	Schedule E		dule C	Schedu		PAC-E
	Schedule H	Schedule N		-UC	СОН-Т		
Dates of travel	Name of	person(s) travelin	9				
Departure city or name of departure location							
	Destination	n city or name of	destination loc	ation			
Means of transportation		Purpose of tra	Purpose of travel (including name of conference, seminar, or other event)				
50.0							
		ATTACH ADE	OITIONAL COF	PIES OF	THIS FORM	A AS NEEDED	

_~	as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506
	CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR DESIGNATION OF FINAL REPORT
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH NAME 2 ACCOUNT # (Ethics Commission filers)
3	SIGNATURE
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.
	Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B. ASSETS
	Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
-	5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder