CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ FIRST MI OFFICE USE ONLY ROBURT **OFFICEHOLDER** MR NAME SUFFIX WHITTHERE 4 CANDIDATE/ ZIP CODE ADDRESS / PO BOX: APT / SUITE #; OFFICEHOLDER MAILING PO BOX 882 PLAINS TX 79355 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** 182-7025 (806) PHONE MS / MRS / MR FIRST MI 6 CAMPAIGN MR. **TREASURER** ROBERT NAME NICKNAME SUFFIX Date Imaged WHITFIELD STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; CAMPAIGN **TREASURER ADDRESS** 79353 PLAINS 306 AVE N (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** 782 - 7025 PHONE (806 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Month COVERED 01/ 26 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Dav Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE SHERIFF 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		10	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU)	RANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	rure.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 350 00 xx
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST	س
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF 1	* 2,501.25
	wear, or affirm, under penalty of perjury, that the according to be reported by me under Title 15, Election Code		and correct and includes all information
		Photo of	A
		Mars in the	didate or Officeholder
	Please complete eith	er option below:	
p-e-st			
THE STATE OF THE S	BRIDGET LYNN BUFFINGTON		
	Notary Public, State of Texas		
(1) Affidavit	Notary ID 134387000		
NOTARY STAMP/SEAL			
	Dalos 1 1 10-10-11		1/2 Indiana
Sworn to and subscribed		this the	day of February.
20 At to certify v	which, witness my hand and seal of office.		
Other Chans	into Bridget Suffinst	'n	notary
Signature of officer administer	ing eath Printed name of officer administe	ering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is		and my date of birth is	
My address is			
	(street)	(city) (sta	ite) (zip code) (country)
Executed in	County, State of, on the _	day of(month)	, 20 (year)
		Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commiss	ion Filers)
	ROBERCT WHITFIELD		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	9
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	Ø
4.	SCHEDULE E: LOANS	\$	100 00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	ϕ
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	350 00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$	Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$	ϕ

LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	T include this page in the re	port.
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	\$		
5 Date of loan 02/12/24	Date of loan 7 Name of lender out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution? Y X N	8 Lender address; City; PO BOX 862 PLAINS	State; Zip Code	10 Interest rate 10 % 11 Maturity date 02 / 12 / 34
12 Principal occupation / Job title (See Instructions) LAW EN FORLEMENT / DEPVT 13 Employer (See Instructions) YORKUM CONN		13 Employer (See Instructions) Yokkum Count	Y SHERUFK'S OFFICE
14 Description of Collateral 15		ds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	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 / Job title (See Instructions) Employer (See Instructions)			
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION	ARANTOR Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)	l
If le	ATTACH ADDITIONAL COP	TIES OF THIS SCHEDULE AS NE struction guide for additional re	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)		
1 Total pages Schedule F4:	2 FILERNAME ROBERT WHITFIE	10	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date	6 Payee name				
02/10/24	IS REALTY MEDIA				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
350 XX		LEVELIAND	, 7X 79336		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE	Advertising Expense				
EXPENDITURE	Mader 113172 Expense				
	(c) Check if travel outside of Texas. Complete 5	Schedule T. Check if Au	astin, TX, officeholder living expense		
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this	schedule) Description			
BUBBOSE					
PURPOSE					
EXPENDITURE					
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	FDFD		
	ATTACITADDITIONAL COPIES O	THIS SOMEDULE AS NE			