

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 8					
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>				
		Katina						
	NICKNAME	LAST	SUFFIX					
		Whitfield						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	P.O. Box 850013		Mesquite	TX	75185			
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	( 972 )	358-3418						
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Received          Date Hand-delivered or Date Postmarked   Receipt #      Amount \$  Date Processed  Date Imaged				
		Mrs	Christina			M.		
	NICKNAME	LAST	SUFFIX					
	Chrissy	Sowells						
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	2124 Cantura			Mesquite	TX	75181		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	( 469 )	434-1427						
<b>9</b> 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 checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year		
	1	/ 1	/ 2018	THROUGH	6	/ 30	/ 2018	
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
	11	/ 6	/ 2018	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)				
				Justice of the Peace, PCT #2, PL #2				

**GO TO PAGE 2**



# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,600.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,322.94
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Katina Whitfield

**3** Filer ID (Ethics Commission Filers)

**4** Date  
01/03/18

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

**7** Amount of contribution (\$)  
\$25.00

**6** Contributor address; City; State; Zip Code  
117 Ocean Drive Richardson TX 75081

**8** Principal occupation / Job title (See Instructions)  
Attorney

**9** Employer (See Instructions)  
Walter Legal PLLC

Date  
01/06/18

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

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
2230 Riverside Drive Houston TX 77004

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
The Harris Law Firm

Date  
01/14/18

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

Amount of contribution (\$)  
\$25.00

Contributor address; City; State; Zip Code  
13660 C.F. Hawn Fwy Dallas TX 75253

Principal occupation / Job title (See Instructions)  
Radio Technician

Employer (See Instructions)  
Dallas County

Date  
01/27/18

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

Amount of contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
13660 C.F. Hawn Fwy Dallas TX 75253

Principal occupation / Job title (See Instructions)  
Radio Technician

Employer (See Instructions)  
Dallas County

**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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Katina Whitfield

**3** Filer ID (Ethics Commission Filers)

**4** Date  
01/27/18

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

**7** Amount of contribution (\$)  
\$50.00

**6** Contributor address; City; State; Zip Code  
3617 Turnstone Drive Mesquite TX 75181

**8** Principal occupation / Job title (See Instructions)  
Web Developer

**9** Employer (See Instructions)  
Big Hit Creative Group

Date  
01/28/18

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

Amount of contribution (\$)  
\$25.00

Contributor address; City; State; Zip Code  
611 Taylor Court Duncanville TX 75137

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
Desoto ISD

Date  
02/03/18

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

Amount of contribution (\$)  
\$25.00

Contributor address; City; State; Zip Code  
4027 Scarsdale Lane Dallas TX 75227

Principal occupation / Job title (See Instructions)  
A/R Clerk

Employer (See Instructions)  
Financial Addition

Date  
02/07/18

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

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1267 Plum Valley Drive Frisco TX 75034

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Dimitri Dube PC

**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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3**

**2** FILER NAME  
Katina Whitfield

**3** Filer ID (Ethics Commission Filers)

**4** Date  
01/08/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Don O'Bannon

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

**6** Contributor address; City; State; Zip Code  
9108 Bentwater Cedar Hill TX 75104

**8** Principal occupation / Job title (See Instructions)  
Attorney

**9** Employer (See Instructions)  
Law office of Don O'Bannon

Date  
04/12/18

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

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
320 S. RL Thornton Dallas TX 75203

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
West & Associates

Date  
06/06/18

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

Amount of contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
6138 Desco Drive Dallas TX 75225

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
McCall Parkhurst & Horton

Date

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

Amount of contribution (\$)

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Katina Whitfield	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/17/18	<b>5</b> Payee name Staples	
<b>6</b> Amount (\$) \$293.02	<b>7</b> Payee address; City; State; Zip Code 9222 R.L. Thornton Frwy Dallas TX 75228	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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 Office sought Office held	
Date 01/08/18	Payee name Smith and Wollensky	
Amount (\$) \$89.85	Payee address; City; State; Zip Code Westheimer Houston TX 77056	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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 Office sought Office held	
Date 01/12/18	Payee name Sam's Club	
Amount (\$) \$189.11	Payee address; City; State; Zip Code 5555 South Buckner Blvd Dallas TX 75228	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	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 Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Katina Whitfield	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 02/07/18	<b>5</b> Payee name Dr. Don's Buttons				
<b>6</b> Amount (\$) \$106.69	<b>7</b> Payee address; City; State; Zip Code 3906 W. Morrow Drive Glendale AZ 85308				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 02/07/18	Payee name Staples				
Amount (\$) \$204.35	Payee address; City; State; Zip Code 9222 R.L. Thornton Frwy Dallas TX 75228				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 03/03/18	Payee name TGI CSTAR GFTCD				
Amount (\$) \$200.00	Payee address; City; State; Zip Code DALLAS DALLAS TX 75201				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Katina Whitfield	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/16/18	<b>5</b> Payee name Victoria Neave	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1934 Pendleton Drive Garland TX 75041	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**