

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: **15**

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # _____ Amount \$ _____

Date Processed

Date Imaged

BY _____
2022 FEB 22 PM 2:45
JOHN F. HARKEN
COUNTY CLERK
DALLAS COUNTY
DEPUTY
FILED

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. KaTina

NICKNAME LAST SUFFIX
Whitfield

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 852972, Mesquite, TX 75185

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 284-9242

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6235 Bowling Brook Dr., Dallas, TX 75241

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 554-1948

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 Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 21 / 22 THROUGH 2 / 19 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

3 / 1 / 22 General Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace 2-2

13 OFFICE SOUGHT (if known)

Justice of the Peace 2-2

14 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.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME KaTina Whitfield		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)	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,475.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,385.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,649.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Katina Whitfield this the 22 day of February 2022, to certify which, witness my hand and seal of office.

Sandra L Lyons Signature of officer administering oath
Sandra L Lyons Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME KaTina Whitfield		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,475.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,385.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	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: 8

2 FILER NAME

KaTina Whitfield

3 Filer ID (Ethics Commission Filers)

4 Date

02/11/2022

5 Full name of contributor

Redmon Eiland

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

Dallas, TX

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Operating Account

9 Employer (See Instructions)

Redmond Eiland

Date

02/12/2022

Full name of contributor

Stonewall Democrats Of Dallas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

Dallas, TX

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Democratic Club

Employer (See Instructions)

Retired

Date

02/11/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Operating Account

Employer (See Instructions)

The Cochran Firm

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)

Operating Account

Employer (See Instructions)

Linebarger Goggan Blair

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 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Judith Mendez 6 Contributor address; City; State; Zip Code 11216 Northgate circle, Dallas TX 75230	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Cumbre Medical Center
Date 02/12/2022	Full name of contributor out-of-state PAC (ID#: _____) Joy Brady Contributor address; City; State; Zip Code 1414 Hiawatha Way, Garland, TX 75043	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2022	Full name of contributor out-of-state PAC (ID#: _____) The Cochran Firm Contributor address; City; State; Zip Code Dallas, TX	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Operating Account		Employer (See Instructions) The Cochran Firm
Date 02/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code Dallas, TX	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Operating Account		Employer (See Instructions) Linebarger Goggan Blair
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Robbin Walker-McDonald	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 15634 Gatsby Lane, Dallas, TX 75253	
8 Principal occupation / Job title (See Instructions) Compliance Officer		9 Employer (See Instructions) Corrohealth
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Shannon Long	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1009 Ashland Dr. Mesquite, TX 75149	
Principal occupation / Job title (See Instructions) Communications Supervisor		Employer (See Instructions) City of Murphy
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Valerie Nelson	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1410 Cade Court, Mesquite, TX 75149	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) MISD
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Jackie Arnett	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 3227 Poppy Pl, Lancaster TX 75134	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) AHA
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Dimitri Dube 6 Contributor address; City; State; Zip Code 1267 Plum Valley Dr., Frisco, TX 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Atty		9 Employer (See Instructions) Self
Date 02/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Bill Mahomes Contributor address; City; State; Zip Code P O Box 794252, Dallas, TX 75379	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Vista Bank
Date 02/08/2022	Full name of contributor out-of-state PAC (ID#: _____) Nicole Taylor Contributor address; City; State; Zip Code PO Box 2121, Cedar Hill, TX 75106	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) The Taylor Law Firm
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Marcial Jiminez Contributor address; City; State; Zip Code 335 East 188th Street, Bronx NY 10458	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Medikids Ped
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Malveaux 6 Contributor address; City; State; Zip Code 6138 Desco Dr, Dallas 75225	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) McCall Parkhurst
Date 01/23/2022	Full name of contributor out-of-state PAC (ID#: _____) E. Steve Bolden Contributor address; City; State; Zip Code 2323 North Akard, Dallas 75201	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bracewell, LLP
Date 01/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Bill Mahomes Contributor address; City; State; Zip Code P O Box 794252 Dallas, 75201	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vista Bank
Date 01/28/2022	Full name of contributor out-of-state PAC (ID#: _____) Michael Young Contributor address; City; State; Zip Code 4310 Florida Ave. Columbus MS 39705	Amount of contribution (\$) 500.00 50.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) USAF
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 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ron Ward 6 Contributor address; City; State; Zip Code 430 Running Brook Lane, Mesquite 75149	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Michael Harris Contributor address; City; State; Zip Code 1200 Smith St., Suite 1550, Houston 77002	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Harris Law Firm
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Victoria Neave Campaign Contributor address; City; State; Zip Code PO Box 472773 Garland 75047	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Neave Law
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Edward Lopez Contributor address; City; State; Zip Code 4719 Byron Circle, Irving, TX 75038	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Linebarger Goggan Blar & Sampson
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 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Simsmeyun Johnson	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 13660 C F Hawn Fwy #24 Dallas, TX 75253	
8 Principal occupation / Job title (See Instructions) Tech		9 Employer (See Instructions) DISD
Date 01/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Tifanee Baker	Amount of contribution (\$) 30.00
	Contributor address; City; State; Zip Code 6245 Saint Moritz Ave.	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Leovares Mendez	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 11216 Northgate circle	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Cumbre Medical
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Mark Melton	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2921 Leeshire Drive Dallas, TX 75228	
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Holland & Knight LLP
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 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ezekiel Tyson 6 Contributor address; City; State; Zip Code 342 W Montana Ave, Dallas TX 75224	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Atty		9 Employer (See Instructions) Tyson Law Firm
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Vertis McKinney Contributor address; City; State; Zip Code 2111 Camelot Dr. Lewisville, TX 75067	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Police Sgt. public integrity unit		Employer (See Instructions) Dallas PD
Date 02/02/2022	Full name of contributor out-of-state PAC (ID#: _____) Thomas Jones Contributor address; City; State; Zip Code 1520 Maple St, Amarillo TX 79107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Public Service Worker		Employer (See Instructions) Potter County
Date 02/04/2022	Full name of contributor out-of-state PAC (ID#: _____) David Godsey Contributor address; City; State; Zip Code 1001 Red Wing Ct., Mansfield TX 76063	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Godsey-Martin
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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2. FILER NAME KaTina Whitfield	3 Filer ID (Ethics Commission Filers)
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4 Date 01/21/2022	5 Payee name Edwards & Patterson
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6 Amount (\$) 777.24	7 Payee address; 203 S. Beltline Road	City; Irving, TX 75060	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description 4X4 Highway signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/29/2022	Payee name Strung Out on Art
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Amount (\$) 234.00	Payee address; Dallas, TX	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description T-Shirt Printing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/10/2022	Payee name Home Depot
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Amount (\$) 472.00	Payee address; 12005 Elam Road	City; Balch Springs, TX 75180	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 6ft Fence Posts (stakes)
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME KaTina Whitfield	3 Filer ID (Ethics Commission Filers)
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4 Date 01/22/2022	5 Payee name Vistaprint
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6 Amount (\$) 148.30	7 Payee address; City; State; Zip Code 9260 Red Rock Road, Reno, NV 89508
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Pushcards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/04/2022	Payee name Vistaprint
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Amount (\$) 201.48	Payee address; City; State; Zip Code 9260 Red Rock Road, Reno, NV 89508
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Pushcards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/10/2022	Payee name Hobby Lobby
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Amount (\$) 124.34	Payee address; City; State; Zip Code 2302 N. Galloway Ave. Mesquite, TX 75149
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Paint Brushes and easels for painting event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME KaTina Whitfield	3 Filer ID (Ethics Commission Filers)
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4 Date 02/10/2022	5 Payee name The Order Desk
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6 Amount (\$) 3,491.46	7 Payee address; 9840 Monroe Dr. #104, Dallas, TX 75220	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage and handling
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/11/2022	Payee name Mardi Gras Daiquiri Shop
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Amount (\$) 501.06	Payee address; 1336 N. Galloway Ave., Mesquite, TX 75149	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food and Drinks
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/18/2022	Payee name Democracy Toolbox
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Amount (\$) 1,500.00	Payee address; Dallas, TX	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Expense
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME KaTina Whitfield	3 Filer ID (Ethics Commission Filers)
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4 Date 02/19/2022	5 Payee name Reilly Echols Printing
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6 Amount (\$) 2,221.86	7 Payee address; S. Harwood Street, Dallas, TX	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printing Mailers and Doorhangers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/2022	Payee name Signage Systems
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Amount (\$) 467.64	Payee address; Ferguson Rd., Dallas, TX	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 4X4 Highway Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/07/2022	Payee name Amazon
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Amount (\$) 246.42	Payee address; Dallas, TX	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies for painting party
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED