

# 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 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 / 1 / 22    1 / 20 / 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

**OFFICE USE ONLY**

Date Received

2022 JAN 31 PM 4:51

FILED

BY \_\_\_\_\_

JOHN F. WARRLEN  
COUNTY CLERK  
DALLAS COUNTY

Date Hand Delivered or Date Postmarked

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> KaTina Whitfield		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 1,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,129.70
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,485.30
<b>OUTSTANDING LOAN TOTALS</b>	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 Katina Whitfield this the 31<sup>st</sup> day of January, 2022 to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath      Rachael Wright 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 <b>KaTina Whitfield</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,100.00
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		\$ 129.70
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		\$ 1,000.00
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:
2 FILER NAME KaTina Whitfield		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Audra Riley ..... 6 Contributor address; City; State; Zip Code Hagan Hill Parkway, Mesquite, TX 75181	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Dallas
Date 01/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Krisi Kastl ..... Contributor address; City; State; Zip Code 3355 Blackburn St	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kastl Law, PC
Date 01/20/2022	Full name of contributor out-of-state PAC (ID#: _____) Royce West ..... Contributor address; City; State; Zip Code Regents Park, Desoto, TX	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Dominique Wright ..... Contributor address; City; State; Zip Code 4000 Sigma Rd. Farmers Branch, TX 75244	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME KaTina Whitfield	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/20/2022	<b>5</b> Payee name MinuteMan Press
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<b>6</b> Amount (\$) <b>129.70</b>	<b>7</b> Payee address; City; State; Zip Code 12640 E. NW Highway, Suite 413 Dallas, TX 75228
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Stickers</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME KaTina Whitfield	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/05/2022	<b>5</b> Payee name Law Office of Shawn D. Stevens	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; 2603 Oaklawn Ave, Dallas, TX 75219	City State Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Legal Services	(b) Description (See instructions regarding type of information required.) Legal representation relating to primary election
Date 01/09/2022	Payee name Law Office of Shawn D. Stevens	
Amount (\$) 500.00	Payee address; 2603 Oaklawn Ave, Dallas, TX 75219	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Legal Services	Description (See instructions regarding type of information required.) Legal representation relating to primary election
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

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 Filer ID** (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. \*\***

**A. CAMPAIGN FUNDS**

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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder