

# 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: <b>6</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mrs.      KaTina ----- NICKNAME      LAST      SUFFIX Whitfield	<b>OFFICE USE ONLY</b>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. Box 850422 Mesquite, TX 75185	<div style="border: 2px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;">                     FILED                      2026 FEB 23 PM 11:09                      JOHN F. WAINWRIGHT                      COUNTY CLERK                      DALLAS COUNTY                      DEPUTY                 </div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 972 )      284-9242										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mrs.      Kizmet ----- NICKNAME      LAST      SUFFIX Epps										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 6235 Bowling Brook Drive, Dallas, TX 75241										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 214 )      554-1948										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 (Officerholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 1      /      23      /      26      THROUGH      2      /      22      /      26										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="border: none;">                             ELECTION DATE                              Month      Day      Year                              3      /      3      /      26                         </td> <td style="border: none;">                             ELECTION TYPE  <input checked="" type="checkbox"/> Primary      Runoff      Other Description  <input type="checkbox"/> General      Special                         </td> </tr> </table>			ELECTION DATE Month      Day      Year 3      /      3      /      26	ELECTION TYPE <input checked="" type="checkbox"/> Primary      Runoff      Other Description <input type="checkbox"/> General      Special						
ELECTION DATE Month      Day      Year 3      /      3      /      26	ELECTION TYPE <input checked="" type="checkbox"/> Primary      Runoff      Other Description <input type="checkbox"/> General      Special										
12 OFFICE	OFFICE HELD (if any) Justice of the Peace 2-2	13 OFFICE SOUGHT (if known)									
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.										
Additional Pages	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME ----- COMMITTEE ADDRESS ----- COMMITTEE CAMPAIGN TREASURER NAME ----- COMMITTEE CAMPAIGN TREASURER ADDRESS -----									

**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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 7,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,775.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,946.25
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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is KaTina Whitfield, and my date of birth is 05/28/1979. My address is P. O. Box 850422, Mesquite, TX, 75185, DALLAS (street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TX on the 23 day of Feb, 2026 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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 <b>3</b>
2 FILER NAME <b>KaTina Whitfield</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/17/2026</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Dimitri Dube</b> 6 Contributor address; City; State; Zip Code <b>325 N. St. Paul Street Dallas TX 75201</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Witherspoon Law Group</b>
Date <b>02/05/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>David L Godsey</b> Contributor address; City; State; Zip Code <b>1828 Broken Bend Drive Westlake TX 76262</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>The Godsey Law Firm</b>
Date <b>02/04/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Mark Aaron Melton</b> Contributor address; City; State; Zip Code <b>2921Leeshire Drive Dallas TX 75228</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Holland &amp; Knight LLP</b>
Date <b>01/29/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Randall Sarosdy</b> Contributor address; City; State; Zip Code <b>5801 Westslope Cove Austin TX 78731</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>3</b>
2 FILER NAME <b>KaTina Whitfield</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>d/22/</b> <del>02/17/2026</del>	5 Full name of contributor out-of-state PAC (ID# _____) <b>John Warren</b>	7 Amount of contribution (\$)  <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>4311 Hampton Cir Grand Prairie TX 75052</b>		
8 Principal occupation / Job title (See Instructions) <b>County Clerk</b>		9 Employer (See Instructions) <b>Citizens of Dallas County</b>
Date <b>01/22/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sharon S. Gilmore</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>1166 Verona Drive College Station TX 77845</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Texas A&amp;M University System</b>
Date <b>01/30/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Carol C. Donovan</b>	Amount of contribution (\$)  <b>250.00</b>
Contributor address; City; State; Zip Code <b>6333 E. Mockingbird Ln</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>01/30/2026</b>	Full name of contributor out-of-state PAC (ID# _____) <b>John C. Creuzot</b>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>WITHHELD</b>		
Principal occupation / Job title (See Instructions) <b>District Attorney</b>		Employer (See Instructions) <b>Dallas County</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>KaTina Whitfield</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span>	7 Amount of contribution (\$)
	6 Contributor address: <span style="float: right;">City; State; Zip Code</span>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>01/30/2026</b>	Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span> <b>John Proctor</b>	Amount of contribution (\$) <b>2,500.00</b>
	Contributor address: <span style="float: right;">City; State; Zip Code</span>	

Principal occupation / Job title (See Instructions) <b>A</b>	Employer (See Instructions)
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Date <b>01/30/2026</b>	Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span> <b>Kastl Law P.C.</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address: <span style="float: right;">City; State; Zip Code</span> <b>4144 N. Central Expressway</b>	

Principal occupation / Job title (See Instructions) <b>Attorney</b>	Employer (See Instructions)
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Date <b>01/30/2026</b>	Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span> <b>Linebarger Goggan Blair &amp; Sampson, LLP</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address: <span style="float: right;">City; State; Zip Code</span> <b>PO BOX 17428 AUSTIN, TX 78760</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME KaTina Whitfield	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/28/2026	<b>5</b> Payee name Riley Echols Printing
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<b>6</b> Amount (\$) 5,775.76	<b>7</b> Payee address, City, State, Zip Code Dallas, TX 75149
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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) Printing	<b>(b)</b> Description Mailers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<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
------	------------

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 <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	Payee name
------	------------

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 <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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