

# 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 /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br><i>Mrs.</i>  | FIRST<br><i>Whitney</i>   | MI  | OFFICE USE ONLY   |                  |                     |
|   | NICKNAME  | LAST<br><i>May</i>  | SUFFIX  | Date Received<br><b>FILED FOR RECORD</b><br>Time <i>2 o'clock pm</i> /m<br><b>JAN 15 2026</b><br>SHARLA KEITH<br>NOLAN COUNTY CLERK |                  |                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:   | APT / SUITE #:  | CITY:   | STATE: ZIP CODE<br><i>1808 Country Club Sweetwater TX 79554</i>   |                  |                     |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | AREA CODE<br><i>(325)</i>   | PHONE NUMBER<br><i>338-8545</i>   | EXTENSION   | Date Hand-delivered or Date Postmarked  |                  |                     |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br><i>Whitney</i>   | FIRST   | MI  | Receipt #   Amount \$   |                  |                     |
|   | NICKNAME  | LAST<br><i>May</i>  | SUFFIX  | Date Processed  |                  |                     |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY:   |   |   | STATE: ZIP CODE<br><i>1808 Country Club Sweetwater TX 79554</i>   |                  |                     |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br><i>(325)</i>   | PHONE NUMBER<br><i>338-8545</i>   | EXTENSION   | Date Imaged   |                  |                     |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election                               | <input type="checkbox"/> Runoff                                     | <input type="checkbox"/> 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)                                    |                  |                     |
|   | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election                                | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit       | <input type="checkbox"/> Final Report (Attach C/OH - FR)  |                  |                     |
| 10 PERIOD<br>COVERED  | Month<br><i>11</i>  | Day<br><i>26</i>  | Year<br><i>2025</i>   | Month<br><i>1</i>   | Day<br><i>15</i> | Year<br><i>2026</i> |
| 11 ELECTION   | ELECTION DATE<br>Month<br><i>3</i> Day<br><i>3</i> Year<br><i>2026</i>  | <input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special | ELECTION TYPE<br><input type="checkbox"/> Other Description   |                  |                     |
| 12 OFFICE   | OFFICE HELD (if any)<br><i>County Judge</i>   | 13 OFFICE SOUGHT (if known)<br><i>County Judge</i>                              |   |   |                  |                     |
| 14 NOTICE FROM<br>POLITICAL<br>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. |   |   |   |                  |                     |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> 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

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)

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

500.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

1664.17

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

500.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

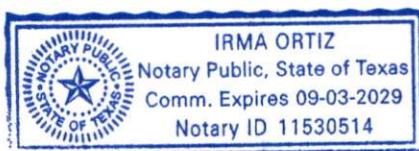
18 SIGNATURE

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 Whitley May this the 15 day of January  
20 20 to certify which, witness my hand and seal of office.

Signature of officer administering oath

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**

|   |   |
|---|---|
| <b>19</b> FILER NAME  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT                            |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                | \$ <i>500.00</i>                              |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                             | \$  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$  |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                   | \$  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                             | \$  |
| 10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>1664.17</i>                             |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>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<br><i>Whitney May</i>  |  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>1-2-2026</i>   | 5 Full name of contributor<br><i>All Hour Bail Bonds</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )          | 7 Amount of contribution (\$)<br><i>500.00</i> |
| 6 Contributor address;<br><i>217 avenger Field Rd Sanmarco TX 79556</i>   |  | City; State; Zip Code  |  |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)  |  |
| Date  | Full name of contributor<br>.....                        | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )<br>..... | Amount of contribution (\$)                    |
| Contributor address;<br>.....   |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |  |
| Date  | Full name of contributor<br>.....                        | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )<br>..... | Amount of contribution (\$)                    |
| Contributor address;<br>.....   |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |  |
| Date  | Full name of contributor<br>.....                        | <input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )<br>..... | Amount of contribution (\$)                    |
| Contributor address;<br>.....   |  | City; State; Zip Code  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

|   |   |   |                     |
|---|---|---|---------------------|
| 1 Total pages Schedule G:   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |                     |
| 4 Date  | 5 Payee name  |   |                     |
| 6 Amount (\$)   | 7 Payee address:  | City: State: Zip Code   |                     |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address.                   |   |                     |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |                     |
|   | <i>Other</i>  | <i>Filing fee</i>   |                     |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                     |
| 9   | Candidate / Officeholder name   | Office sought   | Office held         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | <i>Whitley May</i>  | <i>County Judge</i>   | <i>County Judge</i> |
| Date  | Payee name  |   |                     |
| <i>1-14-2025</i>  | <i>Creative Graphic Solutions</i>   |   |                     |
| Amount (\$)   | Payee address:  | City:   | State: Zip Code     |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <i>1107 East Broadway</i>   | <i>Sweetwater</i>   | <i>TX 79554</i>     |
| <input type="checkbox"/> Check if individual's residence address.                       |   |   |                     |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                        | Description   |                     |
|   | <i>Advertising Expense</i>  | <i>Signs</i>  |                     |
|   | <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     |
| <input type="checkbox"/> Reimbursement from political contributions intended            | <input type="checkbox"/> Check if individual's residence address.                   |   |                     |
| PURPOSE OF EXPENDITURE  | 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