CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SAEET PG 1	
The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)			2 Total pages fixed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST MARK	MI A	OFFIC	OFFICE USE ONLY	
NAME	NICKNAME	LAST WHITAKER	SUFFIX Date Received			
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  4431 HATCHERY ROAD SAN ANGELO, TX 76903				JUL 1 2022 AM	
Change of Address						
OFFICEHOLDER PHONE	AREA CODE ( 325 ) 450	PHONE NUMBER 0-0709	EXTENSION	Date Hand-deliver	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LINDA	MI S	Receipt #	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed		
		MATEO		Date Imaged	Date Imaged	
CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S		STATE;	ZIP CODE	
(Residence or Business)	4105 ALAM	O STREET SAN AN	NGELO, TX 76903			
CAMPAIGN TREASURER PHONE	( 325 ) 284	PHONE NUMBER	EXTENSION			
REPORT TYPE	January 15 30th day before election Runoff 15th day after campaig treasurer appointment (Officeholder Only)			appointment		
	X July 15	8th day before el	Exceeded Modified Reporting Limit	Final Rep	port (Attach C/OH - FR)	
OVERED	Month 01	Day Year  / 01 / 2022	THROUGH 07	Day Year  1 2022		
11 ELECTION	ELECTION DA	ELECTION DATE ELECTION TYPE				
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	own)		
	CONSTABLE PRECINCT 3					
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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 TE	REASURER ADDRESS			

## 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)	\$ 0					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ (					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
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.							
Mark Whitaker							
		10.2.30					
	Signature of Ca	ndidate or Officeholder					
Diago complete elther author below							
Please complete either option below:							
	TOWN						
	TONIA RILEY NOTARY PUBLIC						
(1) Affidavit	(*( )*) STATE OF TEXAS						
	ID # 12444586-8 My Comm. Expires 02-01-2023						
NOTARY STAMP/SEA							
Sworn to and subscribed before me by $\frac{Mark Whitaker}{}$ this the $\frac{15t}{}$ day of $\frac{July}{}$ .							
20 <u>2.2</u> , to certify which, witness my hand and seal of office.							
Jania Riley	Tonia Riley	Notagy Public					
Signature of officer administe	7	Title of officer administering oath					
OR .							
(2) Unowern Declarati							
(2) Unsworn Declarati	on .						
My name is	, and my date of birth is						
iviy addiess is	(street) (city) (street)	state) (zip code) (country)					
Executed in	, , ,	, , , , , , , , , , , , , , , , , , , ,					
Executed in	County, State of , on the day of (month	(year)					
	Olasakus of Oct. P	Hata/Officabaldor /Daslasas*\					
	Signature of Candid	date/Officeholder (Declarant)					