CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	FIRST		МІ	OFFICE USE ONLY		
NAME	NICKNAME	LAST WHITE	-	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT/SUITE#;	city; sta BUKLESON	TX 760 ZB	APRI COUNT DONIESTON CO 2024 JAN -		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (8/7)	PHONE NUMBER 774 - 7819		TENSION	Date Hand-delivered or Date Postmarked Respir # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST TNISHH LAST		MI A SUFFIX	Date Process 2		
		WHITE			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT / S CR 604	UITE #;	CITY; RIESON	STATE; ZIP CODE		
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 774-604		FENSION			
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year		
44 51 5051011	ELECTION DA	01/23		/ 2 /	51125		
11 ELECTION	ELECTION DA	Primary	Runoff	Other			
-	Month Day 03/05/	24 General	Special	Description			
12 OFFICE	OFFICE HELD (if any) JOHNSON COUNTY COMMISSIONER PCT 3						
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(3)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	MIKE WHITE	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 750 00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 99 6 l
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$
l	swear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
re	equired to be reported by me under Title 15, Election Code.	
	Mike W.	hite
	Signature of Cand	lidate or Officeholder
	Please complete either option below:	
_		
(1) Affidavit	BRENDA TUCKER Notary Public, State of Texas Notary ID 13062973-8 My Commission Exp. 04-21-2024	
NOTARY STAMP/SEA	AL	
4	d before me by Mike White this the S	th day of JANUARY.
	y which, witness my hand and seal of office.	Notary of Public
Brenda J Signature of officer administ	77	Title of officer administering oath
	OR	Title of officer administering dath
(2) Unsworn Declarat		
(2) Onsworn Beclarat		
My name is	, and my date of birth is	
My address is	,	
		te) (zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (vear)
	Signature of Candidate	e/Officeholder (Declarant)

LOANS

SCHEDULE E

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

if the requested information is not applicable, DO NOT include this page in the report.							
	The	1 Total pages Schedule E:					
2	FILER NAME	MIKE WHIT	3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS	\$				
5	Date of loan	7 Name of lender out-of-state F	9 Loan Amount (\$)				
6	Is lender a financial Institution?	8 Lender address; City; 11340 CAGO4 B	10 Interest rate 11 Maturity date				
	Y (N)		76028	,			
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)				
14	Description of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
	Y N			Maturity date			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)				
Description of Collateral none			Check if personal funds were deposited into political account (See Instructions)				
GUARANTOR Name of guarantor INFORMATION				Amount Guaranteed (\$)			
	not applicable	Guarantor address; City;	State; Zip Code				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.