

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Christopher	MI S.
	NICKNAME	LAST Whitley	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	[REDACTED] Keller, TX 76248		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	454-7175	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mike	MI
	NICKNAME	LAST Pine	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	1505 Hunter Ct. Keller TX 76248		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(866)	902-9123	
9 REPORT TYPE	January 15	30th day before election	Runoff
	July 15	<input checked="" type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	4	3	26
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month / Day / Year 5 / 2 / 26	<input checked="" type="checkbox"/> General	Runoff / Special / Other Description
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
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 / 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	

OFFICE USE ONLY

Date Received

RECEIVED

APR 24 2026

BY: *[Signature]*

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

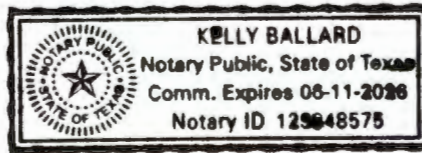
15 C/OH NAME Christopher S. Whatley		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,156.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 553.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Christopher Whatley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Christopher Whatley this the 24 day of April, 2020, to certify which, witness my hand and seal of office.

Kelly Ballard Kelly Ballard City Secretary
Signature of officer administering oath Printed name of officer administering oath 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 Christopher S. Whatley		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,710.00
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		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 4,156.80
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		\$
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 Christopher S. Whatley		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) James M Brown 6 Contributor address; City; State; Zip Code 128 Vermillion Ct., Southlake TX 76092	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Russell Garrett Contributor address; City; State; Zip Code 15568 Yarberry Dr. Roanoke TX 76262	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) The Eric Schmidt Living Trust Contributor address; City; State; Zip Code 1309 Stonehollow, Keller, TX 76262	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Debra Mosley Schmidt Contributor address; City; State; Zip Code 1308 Stonehollow, Keller, TX 76262	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Christopher S. Whatley		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Jody Bergman 6 Contributor address; City; State; Zip Code 1311 Mt. Gilead Rd.	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Linda Taylor Contributor address; City; State; Zip Code 1201 Bourland Rd. Keller, TX 76248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Carey Page Contributor address; City; State; Zip Code 1467 Highland Ct. Keller , TX 76262	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) John S. Scott Contributor address; City; State; Zip Code 736 Hallelujah Trl., Keller, TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Christopher S. Whatley		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Leslie V. Sagar	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code P.O. Box 978, Roanoke, TX 76262		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Kashmira Mistry	Amount of contribution (\$) 35.00
Contributor address; City; State; Zip Code 1101 Jericho Ct., Roanoke, TX 76262		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Keller Alliance Auto Repair	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1485 S. Main St., Keller, TX 76248		
Principal occupation / Job title (See Instructions) Self Employed / Business owner		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Debra R. Bryan	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 760 Mt. Gilead Rd., Keller, TX 76248		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Christopher S. Whatley		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Marie Doran <hr/> 6 Contributor address; City; State; Zip Code 2041 Fawkes Ln., Keller, TX 76262	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Tommy R. Beck <hr/> Contributor address; City; State; Zip Code 1234 Valley Ridge, Keller, TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 04/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Rosemary Taylor <hr/> Contributor address; City; State; Zip Code 616 Mt. Gilead Rd, Keller, TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 04/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Pamela Turner <hr/> Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Christopher S. Whatley		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) John Betz	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code Unknown		

8 Principal occupation / Job title (See Instructions) unknown	9 Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Christopher S. Whatley	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution Citi Bank	
6 PAYMENT	(a) Amount Charged \$ 4,156.00	(b) Date Expenditure Charged 03/31/2026
	(c) Date(s) Credit Card Issuer Paid April 22, 2026	
7 PAYEE	(a) Payee name Sign-a-rama	(b) Payee address; City, State, Zip Code 1625 S. Main St. TX
	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

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