CANDIDAT	COVER SHEET PG 1									
The C/OH Instruction		2 Total pages filed: 9								
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIR	ST	MI	OFFICE USE ONLY						
NAME	Mr. Sea	an	G.	Pad Mailer Co. Elections						
				JUL 15 2025						
	NICKNAME LAS Wh	ittmore	SUFFIX	RECEIVED						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUI PO Box 1032	TE#; CITY;	ZIP CODE	Dake Hand-delivered or Date Postmarked Receipt # Amount						
Change of Address	Hempstead, TX 77445			Date Processed						
	~			Date Imaged						
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS	ST	MI							
NAME	Mr. Sean		G							
	NICKNAME LAS	Т	SUFFIX							
	Whittm	ore								
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE						
ADDRESS	645 12th Street		Hempstead	d TX 77445						
(Residence or Business)										
7 CAMPAIGN TREASURER PHONE	936-647-1086	IMBER EXTENSION								
8 REPORT TYPE	January 15 30	Oth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)						
	X July 15 8t	h day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day 06/30/2025	Year						
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026	X Primary	ELECTION TYPE Runoff	Other						
	03/03/2020	General	Special							
11 OFFICE	OFFICE HELD (if any) Criminal District Attorney Distric	ct Waller Waller	12 OFFICE SOUGHT (Criminal District A	(if known) Attorney District Waller						
	GO TO PAGE 2									

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

					2 01 9					
13 C / OH NAME	Whittmore, Sean	14 Filer ID								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive n									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	ilC								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	1,000.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$	875.14					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	955.34					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00					
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. CYNTHIA MATA Notary Public, State of Texas										
Co Co	omm. Expires 05-16-2028 Notary ID 130660140		Candidate or Officeholde	er						
AFFIX NOT	TARY STAMP / SEAL ABO	OVE	1_8	<u>U</u>						
Sworn to and subsc	ribed before me, by the se, 20, to ce	aid Sean Whrttmore ertify which, witness my hand and seal of office.	, this the5	day	/					
Signature of office	er administering	Printed name of officer administering	Notan Title of officer a	dininistering oa	th .					

FORM C/OH

SUBT	OTALS - C/OH			HEET PG 3						
	8 FILER NAME 19 Filer ID Whittmore, Sean									
	E SUBTOTALS SCHEDULE		SUBT	TOTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	875.14						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$								
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	A.						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							
			•							

	MONETARY P		SCHEDUL	E A1			
	The Instruction Guid	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9				
2	FILER NAME Whittmore, Sean	3	Filer ID				
4	Date 5 Full nam 05/27/2025 Whittme 6 Contribu PO Box Hemps:	7	Amount of Contribution (\$)	\$1,000.00			
8	Principal occupation / Job to Criminal District Attorne	title (See Instructions)	9	Employer (See Instructions State of Texas	5)		

MOST CONTINUES OF SMOM

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID
L	Sch: 1/5 Rpt: 5/9	Whittmore, S	Sean					
4	Date	5 Payee name						
l	01/02/2025	Google						
6	Amount (\$)	7 Payee addres	ss; City; S	State; Zip Co	ode			
	\$19.19	1600 Amphi	itheatre Pkwy					
		ĺ						
L		Mountain Vi	iew, CA 94043					
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of th	nis schedule)	(b)	Description	-	
	OF EXPENDITURE	Office Overh	head/Rental Expense	1				de of Texas. Complete Schedule T.
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		1		1		Lilian and Co	iog.	Conc
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ight			Office held
	expenditure to benefit C/OI		teriolider flame	Onice 555	Jg			Office field
	Date	Payee name						
	02/03/2025	Google						
	Amount (\$)	Payee addres	ss; City; S	State; Zip Co	ode			
	\$19.19	1600 Amphi	itheatre Pkwy					
	1		0 30.700 10 10					
		Mountain Vi	iew, CA 94043					
	PURPOSE OF		ee Categories listed at the top of the	nis schedule)	(b)	Description		
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				!		Check if Austin, Email and Go		officeholder living expense
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\vdash	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıaht			Office held
L	expenditure to benefit C/OI				* Đ. ·			Cind Hou
	Date	Payee name						
	03/03/2025	Google						
	Amount (\$)	Payee addres	ss; City; S	State; Zip Co	ode	**************************************		
	\$19.19	1600 Amphi	itheatre Pkwy					
		Mountain Vi	ew, CA 94043					
	PURPOSE	(a) Category (Se	ee Categories listed at the top of thi	nis schedule)	(b)	Description		
	OF EXPENDITURE	Office Overh	nead/Rental Expense			Check if travel o		de of Texas. Complete Schedule T.
		l	1997	1		The second secon		officeholder living expense
				1		Email and Go	ogle	eOne
_	Complete ONLY if direct	Candidate/Offic	-1-11	- ***	<u> </u>			
	expenditure to benefit C/OF		eholder name	Office sou	ight			Office held
_								

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ommittee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide (xpens Vages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	Æ					3	Filer ID
	Sch: 2/5 Rpt: 6/9		Whittmore,	, Sean			_		L	
4	Date	5	Payee name	e						
_	04/01/2025		Google		-*************************************	<u></u>				
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de			
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			Mountain \	View, CA 94043						
8	PURPOSE	(a	Category (See Categories listed at the top	p of this sch	edule)	(b)	Description	_	
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9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Oii	fficeholder name		Office sou	ght			Office held
	Date	T	Payee name	e						
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			Mountain \	View, CA 94043			_		-	
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	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	fficeholder name	C	Office sou	ght			Office held
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	Date	T	Payee name	e			_		_	
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			1000	mineau o i may						
			Mountain \	View, CA 94043						
	PURPOSE	(a	Category (5	See Categories listed at the top	p of this sch	iedule)	(b)	Description		
	OF EXPENDITURE			erhead/Rental Expens				Check if travel of		de of Texas. Complete Schedule T.
				25.700						officeholder living expense
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	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	0	Office soug	ght			Office held
	experiorate to benefit oron	П —	**************************************							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F y - Gift/Awards/Memorials Expense F	Office Overhead Polling Expense Printing Expens Salaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:				3 Filer ID					
L	Sch: 3/5 Rpt: 7/9	Whittmore, Sean								
4	Date 05/05/2025	5 Payee name Katy FFA								
6	Amount (\$) \$540.00	7 Payee address; City; State; 24263 Beckendorff Rd Katy, TX 77493	Zip Code							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee		outside of Texas. Complete Schedule T. , TX, officeholder living expense DNSOrShip						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Offi H	fice sought		Office held					
	Date	Payee name								
l_	01/02/2025	PoliEngine, LLC								
	Amount (\$) \$35.00	Payee address; City; State; 2 621 NW 12th Ave	South Control							
L		Gainesville, FL 32601								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Advertising Expense	ule) (b)		outside of Texas. Complete Schedule T. , TX, officeholder living expense PNSES					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Offi H	fice sought		Office held					
	Date 02/03/2025	Payee name PoliEngine, LLC								
	Amount (\$) \$35.00	Payee address; City; State; 2 621 NW 12th Ave Gainesville, FL 32601	Zip Code							
	EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertising Expense			outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Officeholder	ice sought		Office held					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		iges/Contract		Travel Out of District OTHER (enter a category not lis	sted above)
1	Total pages Schedule F1: Sch: 4/5 Rpt: 8/9	2 FILER NAME Whittmore, S				3	Filer ID	
4	Date 03/03/2025	5 Payee name PoliEngine,	LLC					
6	Amount (\$) \$35.00	7 Payee addres 621 NW 12th Gainesville,	h Ave	te; Zip Coo	le			
8	PURPOSE				b) Descri	intion		
	OF EXPENDITURE	Advertising	e Categories listed at the top of this s Expense	chedule)	Che	eck if travel outsi	de of Texas. Complete Schedule officeholder living expense SES	т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office soug	ht		Office held	
Γ	Date	Payee name						
l	04/01/2025	PoliEngine,	LLC					
	Amount (\$) \$35.00	Payee addres 621 NW 12t Gainesville,	h Ave	te; Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) Category _{(Se} Advertising	e Categories listed at the top of this s Expense	chedule)	Che	eck if travel outsi	de of Texas. Complete Schedule , officeholder living expense :eS	(T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Offic	ceholder name	Office soug	ht		Office held	
Γ	Date	Payee name						
l	05/01/2025	PoliEngine,	LLC					
	Amount (\$) \$35.00	Payee addres 621 NW 12t Gainesville,	h Ave	te; Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) Category (Se Advertising	e Categories listed at the top of this s Expense	chedule)	Che	eck if travel outsi	de of Texas. Complete Schedule officeholder living expense SeS	т.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office soug	ht		Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Guide expl		Vages	s/Contract Labor			el Out of District IER (enter a category not lis	sted above)
1	Total pages Schedule F1:	2						3	File	r ID	
L	Sch: 5/5 Rpt: 9/9		Whittmore,	Sean							
4	Date	5	Payee name								
L	06/02/2025		PoliEngine,	LLC							
6	Amount (\$)	7	Payee addre	5	State; Zip Co	de					
	\$35.00		621 NW 12	th Ave							
L		L	Gainesville			_					
8	PURPOSE OF	(a)		ee Categories listed at the top of th	is schedule)	(b)	Description		:	Taura Camalata Cabadala	-
	EXPENDITURE		Advertising	Expense						Texas. Complete Schedule holder living expense	1.
							Website Expe	ens	ses		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	Office sou	ght				Office held	
L	expenditure to benefit C/O										
	Date		Payee name								- th
L	05/30/2025	L	Wells Farge	o Bank, NA							
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L			San Francis	sco, CA 94163							
	PURPOSE OF	(a)		ee Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE		Fees							Texas. Complete Schedule holder living expense	T,
			174				Service Fee			•	
Γ	Complete ONLY if direct		Candidate/Off	iceholder name	Office sou	ght				Office held	
	expenditure to benefit C/OI	¬									

<< WLAN report >>

* Connection : Failed (Error : TS-05)

ACICIO DICIONO DI CONTROLO DI

* Connection Failed.

жжж Solution жжж

The Security information(SSID/Network Key) is incorrect. Reconfirm the SSID and security information(Network Key).

- How to confirm wireless security information(SSID/authentication method/

encryption method/Network Key)

- 1) The Default security settings may be provided on a label attached to the WLAN access point/router. Or the manufacturer's name or model no. of the WLAN access point/router may be used as the default security settings. 2) See the documentation provided with your WLAN access point/router for information on how to find the security settings.
- * If WLAN access point/router is set to not broadcast the SSID, the SSID will not automatically be detected. You will have to manually enter the SSID name.
- * The Network key may also be described as the Password, Security Key or Encryption Key.

If you do not know the SSID and wireless security settings of your WLAN access point/router or how to change the configuration, see the documentation provided with your WLAN access point/router, ask the manufacturer of your access point/router or ask to your Internet provider or network administrator.

<Configuration> Network Name (SSID) Hardware Address (MAC) Communication Mode Authentication Type Encryption Network Channel

Corsair 3 90:32:4b:75:6d:02 Infrastructure WPA/WPA2-PSK AES

<Network Search (Ch, Signal, SSID)>
1, 6, Corsair 3

- 6 , 6, Corsair
- 6 , 1, Manroh 10, 1, Deco_4EC0 11, 2, ENVOY_195122
- 11, 1, NETGEAR45
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