CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this f	form. 1 Filer ID (Ethics Commission 00088008		2 Total pages filed: 27
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Arthur	D.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAST		CUETIV	07/11/2025
		an .	SUFFIX	01/11/2020
	Trey Wharto)		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	PO Box 1242			
ADDRESS				Receipt # Amount
Change of Address	Huntsville, TX 77342			
				Date Processed
				Date Imaged
				Date imageu
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER	Mr. Clinton	т	1411	
NAME	Wil. Cilitori	1.		
			0115517	
	NICKNAME LAST		SUFFIX	
	McLare	? rı		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLI	EASE); APT/S	SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	1 Grapevine Cir			
(Residence or Business)				
,	Huntsville, TX 77320			
7 CAMPAIGN	AREA CODE PHONE NUMB	ED EVIENCION		
TREASURER		SER EXTENSION		
PHONE	(936) 661-3711			
8 REPORT				
TYPE	January 15 30th d	lay before election Ru	ınoff	15th day after campaign treasurer
		Lay before election La		appointment (officeholder only)
	X July 15 8th da		ceeded modified oorting limit	Final Report (Attach C/OH-FR)
		тер	Jorung IImit	
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	;
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
			<u> </u>	
11 OFFICE	OFFICE HELD (if any)	11	2 OFFICE SOUGHT	(if known)
III OFFICE	State Representative District 12 W		Z OFFICE SOUGHT	(ii Kilowii)
	State Representative District 12 W	rainei		
		GO TO PAGE 2		
I				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Wharton, Arthur D. (T	he Honorable)	14 Filer ID 00088008	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have beer	olitical expenditures made by political on made without the candidate's or office this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTIO	S (OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTI	EES OF LOANS)	\$ 17,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 41,203.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINEI RIOD	O AS OF THE LAST DAY OF THE	\$ 69,765.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 40,000.00
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required Election Code.	
			The Honorable Arthur D. Whar	ton
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and se	eal of office.	
Signature of office	cer administering	Printed name of officer admin	stering Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				OVE	R SHEET PG 3 3 of 27
	ER NAM	(Eth	ics Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,200.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	550.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	41,203.95
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
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	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/27		
2	FILER NAME Wharton, Art	thur D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088008		
4		5 Full name of contributor		7 Amount of Contribution (\$) \$500.0)0	
8	Principal occu	AUSTIN, TX 78703 pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	PRESIDENT		TEXAS HOSPITAL ASS	SOCIATION		
	Date 06/30/2025			Amount of Contribution (\$) \$250.0)0	
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:		anies PAC	Amount of Contribution (\$) \$750.()0	
		INDIANAPOLIS, TX 46268				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	6)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 PAC THE INDEPENDENT INSURANCE AGENTS OF TEXAS Contributor address; City; State; Zip Code AUSTIN, TX 78768		rs of texas	Amount of Contribution (\$) \$3,500.0)0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ RURAL FRIENDS OF ELECTRIC COOP Contributor address; City; State; Zip Code AUSTIN, TX 78701		Amount of Contribution (\$) \$500.0)0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/27	
2	FILER NAME Wharton, Art	thur D. (The Honorable)		3	Filer ID (Ethics Commission 00088008	on Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$2,000.00
_	Daine in all account	AUSTIN, TX 78767	D. Farakara (Carakara)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/30/2025				Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ TRAYLOR, DOUGLAS Contributor address; City; State; Zip Code AUSTIN, TX 78732			Amount of Contribution (\$)	\$1,000.00
	Principal occu OWNER	pation / Job title (See Instructions)	Employer (See Instructions VIP INSURANCE)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_WEELKLEY, RICHARD Contributor address; City; State; Zip Code HOUSTON, TX 77027)		Amount of Contribution (\$)	\$2,500.00
	Principal occu FOUNDER	pation / Job title (See Instructions)	Employer (See Instructions WEEKLEY PROPERTIE			

ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/27	
thur D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088008
5 Full name of contributor out-of-state PAC (ID		7 Amount of Contribution (\$) \$1,000.00
AUSTIN, TX 78701		
pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	thur D. (The Honorable) 5 Full name of contributor out-of-state PAC (IE WHOLESALE BEER DISTRIBUTORS OF TE 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	thur D. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) WHOLESALE BEER DISTRIBUTORS OF TEXAS 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/27 3 Filer ID (Ethics Commission Filers) FILER NAME Wharton, Arthur D. (The Honorable) 80088000 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/29/2025 Bradley, Jeff \$300.00 | FOOD 7 Contributor address; City; State; Zip Code Huntsville, TX 77320 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) retired retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 06/26/2025 TBA Bank PAC - STATE \$250.00 Levent space provided Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T.1 6111=:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/20 Rpt: 8/27	2 FILER NAME Wharton, Arthur D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088008
4	Date	5 Payee name
	04/30/2025	ARNOLD, ELAINE
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 7809 VALBURN DR
	Ψ230.00	7003 VALBORIN BIX
		AUSTIN, TX 78731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		T SHIRT EXPENSE
L		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2025	AUSTIN REED AMERICAN LEGION POST 84
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	800 N MAY
		MADISONVILLE, TX 77864
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		BREAKFAST SPONSOR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	BLUE BELL CREAMERIES LP
	Amount (\$)	
	()	
	\$217.44	1101 S BLUE BELL RD
		BRENHAM, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ADVERTISING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment						re)				
L			The Instruction Guide expla	ins how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 2/20 Rpt: 9/27	Wharton, A	Arthur D. (The Honorable)				00088008		
4	Date	5 Payee name	e							
	03/21/2025	BLUE BEL	L CREAMERIES LP							
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip Co	de					
l	\$153.60	1101 S BL	UE BELL RD							
		BRENHAN	1, TX 77833							
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Advertisino						ide of Texas. Com		
						_		, officeholder living	expense	
						ADVERTISIN	ıG			
Ļ				0.00						
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
┕	<u>'</u>									
	Date	Payee name								
	04/14/2025	BLUE BEL	L CREAMERIES LP							
	Amount (\$)	Payee addr	ess; City; St	ate; Zip Co	de					
	\$141.60	1101 S BL	UE BELL RD							
		BRENHAN	1, TX 77833							
Г	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Advertising				_		ide of Texas. Com		
						—		, officeholder living	expense	
						ADVERTISIN	IG	EXPENSE		
┡	Complete ONLY if direct	Candidate/Of	finahaldar nama	Office cou	abt			Office he	J.d	
l	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	gnt			Office he	eiu	
L		1								
	Date	Payee name								
	05/12/2025	BLUE BEL	L CREAMERIES LP							
	Amount (\$)	Payee addr	•	ate; Zip Co	de					
	\$128.16	1101 S BL	UE BELL RD							
		BRENHAN	1, TX 77833							
	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Advertisino	g Expense					ide of Texas. Com		
	_,, _,,,,,,							, officeholder living	expense	
1						ADVERTISIN	J	EVLENOE		
\vdash	Complete ONII V if allow -t	Condidate /Of	finahaldar nan-	Office	ab+			Office I-	J.d	
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ynt			Office he	nu	
$ldsymbol{ldsymbol{ldsymbol{eta}}}$										
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/20 Rpt: 10/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date 05/16/2025	5 Payee name BLUE BELL CREAMERIES LP
6	Amount (\$) \$30.96	7 Payee address; City; State; Zip Code 1101 S BLUE BELL RD
		BRENHAM, TX 77833
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISING EXP
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Best Buy
	Amount (\$) \$161.22	Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd
		Austin, TX 78723
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/09/2025	Payee name Brand It Graphix
	Amount (\$) \$35.72	Payee address; City; State; Zip Code 2507 Becker Dr
		Brenham, TX 77833
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DECALS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 11/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	06/12/2025	CHAPPELL HILL CHAMBER OF COMMERCE
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 115 W MAIN ST
		CHAPPELL HILL, TX 77426
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		PARADE SPONSOR
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	CLAYTON SPANGLER PHOTOGRAPHIC DESIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$549.00	235 POINT LICK DR
		CHARLESTON, WV 25306
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OFFICE EXPENSE
		OFFICE EXPENSE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Charter Furniture
	Amount (\$)	Payee address; City; State; Zip Code
	\$323.67	4204 Lindbergh Dr
	+3=3.01	
		Addison, TX 75001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		furniture rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Pa	lyment		The Instruction Guide expla	ins how to cor	mple	ete this form.				
1 Total pages	Schedule F1:	2	FILER NAME			3		Filer ID	(Ethics Comm	ission Filers)
Sch: 5/20	Rpt: 12/27		Wharton, Arthur D. (The Honorable)				80088000		
4 Date		5	Payee name							
02/03/2025	;		Charter Furniture							
6 Amount (\$)		7	Payee address; City; St	tate; Zip Co	de					
	\$323.67		4204 Lindbergh Dr							
			Addison, TX 75001							
8 PURPOS	SE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description				
OF EXPENDIT	IIDE		Office Overhead/Rental Expense	3 30113 4413)		Check if travel outs				
LAFLINDII	OKL					Check if Austin, TX	Χ, (officeholder living	expense	
						furniture rental				
0 . O - - - - - - -	All Artif allocat	<u> </u>	Describer 10ff and a labor service	0#:	1-4			O#: I	.1-1	
9 Complete OI expenditure	<u>NLY</u> if direct to benefit C/O		Candidate/Officeholder name	Office sou	ynt			Office he	eiu	
		_								
Date			Payee name							
03/01/2025			Charter Furniture							
Amount (\$)			, ,,	tate; Zip Co	de					
	\$323.67		4204 Lindbergh Dr							
			Addison, TX 75001							
PURPOS	SE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description				
OF EXPENDIT	URE		Office Overhead/Rental Expense			Check if travel outs				
						Check if Austin, TX furniture rental	Λ, (onicendider living	expense	
Complete OI	NLY if direct		Candidate/Officeholder name	Office sou	ght			Office he	eld	
	to benefit C/O									
Date		Г	Payee name							
04/01/2025	,		Charter Furniture							
Amount (\$)		H		tate; Zip Co	de					
7 πιοαπί (Φ)	\$323.67		4204 Lindbergh Dr	.a.c, 2ip 00	uc					
	4020.0.									
			Addison, TX 75001							
PURPOS	`F	(0)			(h)	Donatistics.				
OF		(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule)	(D)	Description Check if travel outs	sid	e of Texas. Com	plete Schedule T.	
EXPENDIT	URE		Office Overheau/Nerital Expense			Check if Austin, TX				
						furniture rental				
Complete OI			Candidate/Officeholder name	Office sou	ght			Office he	eld	
expenditure	to benefit C/O	н								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/20 Rpt: 13/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	05/02/2025	Charter Furniture
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$323.67	4204 Lindbergh Dr
		Addison, TX 75001
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		furniture rental
		Tarritare Territar
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/01/2025	Charter Furniture
	Amount (\$)	Payee address; City; State; Zip Code
	\$323.67	4204 Lindbergh Dr
		Addison, TX 75001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		furniture rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/02/2025	FARM HOUSE CAFE
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1004 14TH STREET
		HUNTSVILLE, TX 77340
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SPONSORSHIP OF VETERANS BREAKFAST
		S. SINGSING IN STREET, IN THE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/20 Rpt: 14/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	01/19/2025	FIRST NATIONAL BANK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	PO BOX 659
		HUNTSVILLE, TX 77342
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MONTHLY FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davies name
	02/14/2025	Payee name FIRST NATIONAL BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	PO BOX 659
		HUNTSVILLE, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY BANKING FEE
		MONTHEL BANKING LEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/19/2025	Payee name FIRST NATIONAL BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	PO BOX 659
		HUNTSVILLE, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MONTHLY BANKING FEE
		MONTHEL BANKING LEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schodula F1:		-
	Total pages Schedule F1: Sch: 8/20 Rpt: 15/27	2 FILER NAME Wharton, Arthur D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088008	
4	Date	5 Payee name	
	04/08/2025	FIRST NATIONAL BANK	
6	Amount (\$) \$3.00	7 Payee address; City; State; Zip Code PO BOX 659 HUNTSVILLE, TX 77342	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense MONTHLY BANKING FEE	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/16/2025	FIRST NATIONAL BANK	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	PO BOX 659	
		HUNTSVILLE, TX 77342	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		MONTHLY BANKING FEE	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	06/17/2025	FIRST NATIONAL BANK	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3.00	PO BOX 659	
		HUNTSVILLE, TX 77342	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense MONTHLY BANKING FEE	
		WONTHLI BANKING FEE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 9/20 Rpt: 16/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	06/02/2025	FLEMING, VICTORIA
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 237 WEBSTER ST APT 1 BOSTON, MA 02128
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BONUS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/03/2025	GRIFFIN COMMUNICATIONS
	Amount (\$) \$332.21	Payee address; City; State; Zip Code 176 VENICE COVE
		AUSTIN, TX 78737
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE RENEWAL
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	GUERO'S
	Amount (\$) \$1,224.70	Payee address; City; State; Zip Code 1412 S CONGRESS AVE
		AUSTIN, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT EXPENSE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services	·		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
L		_		The Instruction G	uide explains	now to cor	mple	ete tnis form.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 10/20 Rpt: 17/27	_		thur D. (The Ho	onorable)					80088000	
4	Date	5	Payee name								
L	02/22/2025		Grimes Cou	nty Republican	Party						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$500.00		9397 Belgra	ve Square							
			Iola, TX 778	61							
8	PURPOSE	(a)		e Categories listed at	the ton of this cah	nedule)	(b)	Description			
	OF	``	Event Expe		the top of this scri	ledule)	(- ,		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		<u></u>					Check if Austin,	, TX,	officeholder livin	g expense
								REAGAN DIN	NNE	ER SPONS	OR
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
L	expenditure to benefit C/O	H									
	Date		Payee name								
	06/02/2025		HAWKINS,	MADI							
	Amount (\$)	Т	Payee addres	ss; City;	State	; Zip Co	de				
	\$500.00		3222 CHER	RY LN							
			AUSTIN, TX	78703							
\vdash	PURPOSE	(2)					(h)	Docorintian			
	OF	^(a)		e Categories listed at	the top of this sch	nedule)	(1)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		Consulting I	-vhense				=		officeholder livin	
								BONUS			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OI	Н									
F	Date		Payee name								
	06/17/2025		HUNTSVILI	E CHAMBER	ОГ СОММЕ	ERCE					
	Amount (\$)	\vdash	Payee addres	ss; City;	State	; Zip Co	de				
	\$270.00		1327 11TH	•	Sidio	, _,p 00					
	Ψ210.00		1021 11111	JIIVEE I							
			LI INITO /// I	.E, TX 77340							
	DUDESSE					ı	<i>a</i> :				
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	nedule)	(a)	Description	outei	de of Teyes Con	nplete Schedule T.
	EXPENDITURE		Advertising	⊨xpense						officeholder livin	
								_			E MEMBERSHIP
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/O	Н				·	-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 11/20 Rpt: 18/27	Wharton, Arthur D. (The Honorable) 00088008	
4	Date	5 Payee name	
	01/17/2025	HYNES, ANNA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$239.74	14 JUNIPER BERRY WAY 5	
		LAKEWAY, TX 78734	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		EVENT EXPENSE	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experience to belief of or		
	Date	Payee name	
	01/20/2025	HYNES, ANNA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.93	14 JUNIPER BERRY WAY 5	
	PURPOSE	LAKEWAY, TX 78734	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		EVENT EXPENSES	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol		
-	Date	Payee name	_
	06/09/2025	Huntsville Item	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	1409 10th Street	
		Huntsville, TX 77310	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense ADVERTISING EXP	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 19/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	04/15/2025	JET SET CHOCOLATES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,599.99	307 S BAYLOR ST
		BRENHAM, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		EVENT EXPENSE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	02/14/2025	MAILCHIMP
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	405 N ANGIER AVE
		NE ATLANTA, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		NEWSLETTER EXP
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/14/2025	MAILCHIMP
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	405 N ANGIER AVE
		NE ATLANTA, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense NEWSLETTER EXPENSE
		NEWSLETTER EXPENSE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 20/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	04/14/2025	MAILCHIMP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.32	405 N ANGIER AVE
		NE ATLANTA, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense NEWSLETTER EXP
		NEWSELT EX EX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/14/2025	MAILCHIMP
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	405 N ANGIER AVE
	Ψ21.32	403 N ANOIEN AVE
		NE ATLANTA, GA 30308
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		NEWSLETTER EXP
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	06/13/2025	MAILCHIMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	405 N ANGIER AVE
		NE ATLANTA, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense NEWSLETTER EXP
		NEWSLETTER EAF
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		w to complete this form. Again Expense: OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/20 Rpt: 21/27	Wharton, Arthur D. (The Honorable)	00088008
4 Date 06/20/2025	5 Payee name MINUTEMEN PRESS	
		7in Code
6 Amount (\$) \$31.81	7 Payee address; City; State; 2 1221 W 6TH STREET STE B AUSTIN, TX 78703	Zip Code
8 PURPOSE		(b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRINTING EXP
Complete ONLY if direct expenditure to benefit C/Oh		ice sought Office held
Date	Payee name	
01/13/2025	Marshall's	
Amount (\$) \$83.48	Payee address; City; State; 2 1201 Barbara Jordan St	Zip Code
	Austin, TX 78723	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/Oh		ice sought Office held
Date 03/14/2025	Payee name PLANTERSVILLE TOWN HALL	
Amount (\$) \$425.00	Payee address; City; State; 2 11335 LODGE LN	Zip Code
	PLANTERSVILLE, TX 77363	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT SPONSOR
Complete ONLY if direct expenditure to benefit C/OH		ice sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ttee L	egal Services	·		ages	/Contract Labor		OTHER (enter	a category not listed a	bove)	
	·			The Instruction G	uide explains ho	ow to con	nple	ete this form.	_			
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 15/20 Rpt: 22/27	WI	harton, Art	hur D. (The Ho	onorable)					00088008		
4	Date	5 Pa	yee name									
	02/16/2025	RE	EPUBLICA	N PARTY OF	BRAZOS CO	UNTY						
6	Amount (\$)	7 Pa	yee address	s; City;	State;	Zip Cod	de					
	\$1,200.00	16	640 BRIAR	CREST DR #1	22							
		BF	RYAN, TX	77802								
8	PURPOSE	(a) Ca	ategory _{(See}	Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		ent Expen					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXI ENDITORE							—		officeholder livir		
								REAGAN DIN	NNE	ER SPONS	OR	
9	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	eholder name	Of	fice soug	ght			Office h	neld	
	experiordine to benefit C/O	1										
	Date	Pa	yee name									
	01/17/2025	Re	epublican F	arty of Walker	County							
	Amount (\$)	Pa	yee address	s; City;	State;	Zip Cod	de					
	\$700.00	12	205 Univers	sity Ave								
		Hu	untsville, T	X 77340								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he ton of this sched	dula)	(b)	Description				
	OF	l	ent Expen		ne top of this seried	duic)	` '	_ ·	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livir	ng expense	
								REAGAN DIN	NNE	ER SPONS	OR	
	Complete ONLY if direct		ndidate/Office	eholder name	Of	fice soug	ght			Office h	ield	
expenditure to benefit C/OH												
	Date	Pa	yee name									
	01/17/2025	TC	CC									
	Amount (\$)	Pa	yee address	s; City;	State;	Zip Cod	de					
	\$1,000.00	PC	O BOX 265	9								
		AL	JSTIN, TX	78768								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Fe	ees			,			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE									officeholder livir	ng expense	
								TCC MEMBE	RS	SHIP FEE		
	Complete ONLY if direct		ndidate/Office	eholder name	Of	fice soug	ght			Office h	neld	
L	expenditure to benefit C/O											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/20 Rpt: 23/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	05/29/2025	TDCJ Texas Correctional Industries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,324.98	PO BOX 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		furniture
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	TDCJ Texas Correctional Industries
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.38	PO BOX 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense furniture
		Turriture
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	06/17/2025	Payee name TDCJ Texas Correctional Industries
	Amount (\$) \$771.56	Payee address; City; State; Zip Code PO BOX 4013
	Φ111.30	FO BOX 4013
		Horses Alle TV 77040
		Huntsville, TX 77342
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		furniture
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee 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 F1:	
	Sch: 17/20 Rpt: 24/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	03/27/2025	TDCJ Texas Correctional Industries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.92	PO BOX 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EVENDLICKE	Check if Austin, TX, officeholder living expense
		GIFTS EXPENSE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2025	TDCJ Texas Correctional Insdustries
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,717.08	PO BOX 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Furniture
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/02/2025	THE WHITLEY
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,338.50	301 BRAZOS STREET
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		monthly rent
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 25/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	02/01/2025	THE WHITLEY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,449.18	301 BRAZOS STREET
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense monthly rent
		montally tent
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/01/2025	THE WHITLEY
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,474.31	301 BRAZOS STREET
		AUSTIN, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly rent
		Thomas years
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	04/01/2025	THE WHITLEY
_		
	Amount (\$)	
	\$3,490.34	301 BRAZOS STREET
		AUSTIN, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly rent
		monary rone
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.			
, -	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Sch: 19/20 Rpt: 26/27	Wharton, Arthur D. (The Honorable)		00088008	
4 Date	5 Payee name			
05/02/2025	THE WHITLEY			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$3,479.31	301 BRAZOS STREET			
	AUSTIN, TX 78701			
8 PURPOSE		(b) Description	n	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	_	travel outside of Texas. Complete Schedule T.	
EXPENDITURE	'		Austin, TX, officeholder living expense	
		monthly	rent	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		g	Gilliot Hold	
Date	Payee name			
06/02/2025	THE WHITLEY			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$3,488.91	301 BRAZOS STREET			
	AUSTIN, TX 78701			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
		monthly	rent	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
Date	Payee name			
	01/01/2025 Target Amount (\$) Payee address; City; State; Zip Code			
Amount (\$) \$1,039.16	Payee address; City; State; Zip Co 259 I-45 S	ue		
Ψ1,000.10	250 1 10 0			
	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if	travel outside of Texas. Complete Schedule T.	
		Office su	Austin, TX, officeholder living expense	
		Office 3u	opiics	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/20 Rpt: 27/27	Wharton, Arthur D. (The Honorable) 00088008
4	Date	5 Payee name
	01/13/2025	Target
6	Amount (\$) \$45.48	7 Payee address; City; State; Zip Code 5621 N IH-35
Ļ		Austin, TX 78723
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/29/2025	Target
	Amount (\$) \$400.66	Payee address; City; State; Zip Code 259 I-45 S
		Huntsville, TX 77340
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held