

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00058284	2 Total pages filed: 7		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable W. Denn	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Whalen	SUFFIX	Date Received ELECTRONICALLY FILED 01/07/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Jesse T. Grimes	SUFFIX IV			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER 557-3213	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		Day	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 70 Ector			12 OFFICE SOUGHT (if known) District Judge District 70		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

2 of 7

13 C / OH NAME	Whalen, W. Denn (The Honorable)		14 Filer ID (Ethics Commission Filers) 00058284												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3,950.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 1,500.00												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,605.84												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>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.</p>															
<p>The Honorable W. Denn Whalen _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME	<b>19</b> Filer ID (Ethics Commission Filers) 00058284
Whalen, W. Denn (The Honorable)	
<b>20</b> SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 3,950.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,500.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/7												
<b>2</b> FILER NAME Whalen, W. Denn (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00058284												
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Hollmann, Jones, Peacock, Lewis & Lyon, Inc. .....  <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	<b>7</b> Amount of Contribution (\$) \$1,000.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/23/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair, Robert C. .....   Contributor address; City; State; Zip Code  Odessa, TX 79762 </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Sales         </td> <td> Contributor's Job Title President         </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Rino/ K &amp; K Mgt, Inc.         </td> <td> Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair, Robert C. .....  Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Sales		Contributor's Job Title President	Contributor's employer/law firm Rino/ K & K Mgt, Inc.		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair, Robert C. .....  Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$250.00												
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<table border="1"> <tr> <td>Date 10/28/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen .....   Contributor address; City; State; Zip Code  Odessa, TX 79765 </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Sales         </td> <td> Contributor's Job Title President         </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Hill Specialty Co., Inc.         </td> <td> Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen .....  Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Sales		Contributor's Job Title President	Contributor's employer/law firm Hill Specialty Co., Inc.		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
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Contributor's Principal Occupation Sales		Contributor's Job Title President												
Contributor's employer/law firm Hill Specialty Co., Inc.		Law firm of contributor's spouse (if any)												
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/7												
<b>2</b> FILER NAME Whalen, W. Denn (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00058284												
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, W. R. <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	<b>7</b> Amount of Contribution (\$)  \$250.00												
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired												
<b>10</b> Contributor's employer/law firm Hill Specialty Co, Inc.		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/09/2025</td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Kelly, Morgan, Dennis, Corzine &amp; Hansen, P.C.  <b>6</b> Contributor address; City; State; Zip Code              Odessa, TX 79762         </td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation         </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm         </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Morgan, Dennis, Corzine & Hansen, P.C. <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Morgan, Dennis, Corzine & Hansen, P.C. <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/28/2025</td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Schwarz, Bobby  <b>6</b> Contributor address; City; State; Zip Code              Odessa, TX 79765         </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation            Sales         </td> <td>Contributor's Job Title            Employee         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm            Sewell Family of Companies         </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwarz, Bobby <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Sales		Contributor's Job Title Employee	Contributor's employer/law firm Sewell Family of Companies		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwarz, Bobby <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Sales		Contributor's Job Title Employee												
Contributor's employer/law firm Sewell Family of Companies		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/7												
<b>2</b> FILER NAME Whalen, W. Denn (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00058284												
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Davis, O'Leary & Stoker, P.C. .....  <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$) \$1,000.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/28/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillern, Richard .....   Contributor address; City; State; Zip Code  Odessa, TX 79762 </td> <td>Amount of Contribution (\$) \$200.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Retired</td> <td>Contributor's Job Title Owner</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Oil &amp; Gas Investor</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skillern, Richard .....  Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$200.00	Contributor's Principal Occupation Retired		Contributor's Job Title Owner	Contributor's employer/law firm Oil & Gas Investor		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
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Contributor's employer/law firm Oil & Gas Investor		Law firm of contributor's spouse (if any)												
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<table border="1"> <tr> <td>Date 09/25/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thane, Phyllis .....   Contributor address; City; State; Zip Code  Odessa, TX 79762 </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Supervisor</td> <td>Contributor's Job Title Share Holder</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Scott Thane Ditching Service, LTD.</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thane, Phyllis .....  Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Supervisor		Contributor's Job Title Share Holder	Contributor's employer/law firm Scott Thane Ditching Service, LTD.		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thane, Phyllis .....  Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Supervisor		Contributor's Job Title Share Holder												
Contributor's employer/law firm Scott Thane Ditching Service, LTD.		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/1 Rpt: 7/7	2 FILER NAME Whalen, W. Denn (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058284	
4 Date 11/08/2025	5 Payee name Ector County Republican Party		
6 Amount (\$) \$1,500.00	7 Payee address; City; 707 Jefferson  Odessa, TX 79760		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held