

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) 00090481 | 2 Total pages filed: 7 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Jordan D. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/24/2026 | |
| | NICKNAME | LAST Wheatley | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 300 N McDonald St. Apt 1252 McKinney, TX 75069 | | | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # | Amount |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Jordan D. | MI | | |
| | NICKNAME | LAST Wheatley | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 N McDonald Apt 1252 McKinney, TX 75069 | | | | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (945) | 333-5177 | | | |
| 8 REPORT TYPE | <input 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 checked="" 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 | Day | Year | THROUGH | Month Day Year |
| | 01 | 23 | 2026 | | 02 21 2026 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff <input type="checkbox"/> Other |
| | 03 | 03 | 2026 | <input type="checkbox"/> General | <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) | |
| | | | | State Representative District 67 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 7

13 C / OH NAME Wheatley, Jordan D. (Mr.) **14 Filer ID** (Ethics Commission Filers)
00090481

15 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.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | 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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,205.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 896.98 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,122.88 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 750.00 |

17 AFFIDAVIT

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.

Mr. Jordan D. Wheatley

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 7

| | |
|---|---|
| 18 FILER NAME Wheatley, Jordan D. (Mr.) | 19 Filer ID (Ethics Commission Filers) 00090481 |
|---|---|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|------------------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,205.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 896.98 |
| 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 A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7 |
| 2 FILER NAME Wheatley, Jordan D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00090481 |
| 4 Date 02/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altemir, David | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Allen, TX 75002 | |
| 8 Principal occupation / Job title (See Instructions) MFG Consultant | | 9 Employer (See Instructions) Self |
| Date 01/29/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carlie | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Buckhannon, WV 26201 | |
| Principal occupation / Job title (See Instructions) Process Engineer | | Employer (See Instructions) Worley |
| Date 01/26/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75023 | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Garland ISD |
| Date 01/31/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Tammy | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code McKinney, TX 75070 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanary, Sheena | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Celina, TX 75009 | |
| Principal occupation / Job title (See Instructions) Agency Leader | | Employer (See Instructions) State Farm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7 |
| 2 FILER NAME Wheatley, Jordan D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00090481 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosewehr, Rocio <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Rocio at Law PC |
| Date 02/04/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Nichole <hr/> Contributor address; City; State; Zip Code Plano, TX 75023 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) Federal Reserve |
| Date 02/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellom, Marc <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/29/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanwinkle, Amy <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7 |
| 2 FILER NAME Wheatley, Jordan D. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00090481 |
| 4 Date 02/13/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wattling, Gregg <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75023 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 02/02/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeb, Sumbel <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/29/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Cynthia <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 Wheatley, Jordan D. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00090481 |
|--|--|--|

| | |
|-----------------------------|-------------------------------------|
| 4 Date 02/02/2026 | 5 Payee name No Doubt Bar |
|-----------------------------|-------------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$30.98 | 7 Payee address; City; State; Zip Code 112 Saint Louis Ave Fort Worth, TX 76104 |
|---------------------------------|--|

| | | |
|---------------------------------|---|---|
| 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 Food Fees |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 01/26/2026 | Payee name Printed Union LL |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$866.00 | Payee address; City; State; Zip Code 8800 Chancellor Row Dallas, TX 75247 |
|-------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Primary Literature |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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