

RECEIVED

SECRETARY OF STATE

MAR 4 1974

STATE OF TEXAS
OFFICE OF THE SECRETARY OF STATE ENFORCEMENT DIVISION
AUSTIN, TEXAS 78711

FINANCIAL STATEMENT

Required to be filed pursuant to Article 6252-9b, V.A.C.S.

For Calendar Year Ending Dec. 31, 1973

(Please Type)

FINANCIAL STATEMENT

Sec. 4(a) The financial statement shall include the account of the financial activity of the person required to file the statement and the financial activity of his spouse and dependent children over which he had actual control for the preceding calendar year.

PLEASE TYPE

INDIVIDUAL REQUIRED TO FILE:

NAME WHITMIRE	JOHN	HARRIS
Last	First	Middle
SPOUSE:		
NAME None		
Last	First	Middle

DEPENDENT CHILD OR CHILDREN:

Sec. 2(14) A person's natural child, adopted child, or stepchild is his "dependent child" during the calendar year if the person provides over 50 percent of the child's support during the year.

NAME None		
Last	First	Middle
NAME		
Last	First	Middle
NAME		
Last	First	Middle

INSTRUCTIONS:

Where additional space is required, throughout this Financial Statement, please attach pages of the approximate same size and identify each section to which the attached pages pertain.

(Please Type)

FINANCIAL ACTIVITY

NAM:	E WHITMIRE	JOHN	HARRIS
	Last	First	Middle
	State of Texas		a Maria de Carlos de Carlos de Carlos de
	Name of Employer		
	Austin, Texas		
	Address of Employ	ver .	
If :	self-employed:	in the second	
	None		
	Nature of Occupat	ion	
Oddi	upational Income	(list all sources)	
	apacionai income	(TIBE all Boardes)	Control of
	State of Texas	**************************************	
	* * **********************************	F15.65-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	*** ***
case at produr amon (Ple which	e of need (as opportude the time of contractional or occuping the reporting unt of the retained	retainer for a claim on future sed to a fee for services on acting for or receiving the front actional services were not actional services were not actional services were not actional commensurate to or in er, and the category of the action	a matter specifie ee), whenever tually performed excess of the mount of the fee. a business in
	None		
		ty or other organization from have substantial interest r	
	None		
CATI	EGORY OF FEE:	() \$1000.	han \$1000.00 00 to \$4999.99 00 or more

(Please Type)

FINANCIAL ACTIVITY

SPOUSI	E	None			
	Last		First	····	Middle
		. *			
	Name	of Employe	er		
	Addre	ss of Empl	oyer		
If sel	lf-emp	loyed:			
	_	-			
	Natur	e of Occup	ation		
)ccuns	ationa	Tracomo /	list all sources	1	
эссара	aciona.	r rucome (TISC AIL SOURCES		
					
receiv case c it the profes luring	ved a for the contract of the contract of the formula of the formu	Tee as a radical contraction of contraction or occupating	etainer for a cl sed to a fee for cting for or rec ational services period commensur	aim or servi eiving were ate to	substantial interest n future services in ices on a matter specific g the fee), whenever not actually performed o or in excess of the f the amount of the fee.
hich	you ha	ive a subs	e fee was receiv tantial interest ify same.)	ed by and i	you or a business in if received by said
'ee re	ceive	l by:			
÷		None			
erson usine	, busi ss in	ness enti which you	ty or other orga: have substantia	nizati l inte	ion from whom you or a erest received fee:
		None			
ATEGO	RY OF	FEE:		()	less than \$1000.00
-					\$1000.00 to \$4999.99 \$5000.00 or more

(Please Type)

FINANCIAL ACTIVITY

DEPENDENT	CHILD:
-----------	--------

Sec. 2(14) A person's natural child, adopted child, or step-child is his "dependent child" during the calendar year if the person provides over 50 percent of the child's support during the year.

NAMI	F.	None				
MEZITI	Last	None	First			Middle
	Name of	Employer				
	Address	of Employer				
f:	self-empl	oyed:	,	7.		
:	Nature o	f Occupation	1	<u> </u>		
)cci	upational	Income (lis	st all sources)			
	, .					
	***************************************		<u> </u>			, , ,
whomeders to the control of the cont	m you or eived a fe of need the time fessional ing the runt of the ease specth you har	a business in the seas a retained as opposed of contraction occupation of the season o	siness entity of a which you have iner for a class of the for a class of the form or recession commensurated and the categorical interest a same.)	ve a s im on servic iving were n te to ry of d by y	ubstantial future serves on a mat the fee), we ot actually or in excest the amount ou or a bus	interest rices in the specific representation of the fee siness in
ee.	received	by:				
		None				
			or other organive substantial			
		None				
CATI	EGORY OF 1	FEE:		() \$	ess than \$1 1000.00 to 5000.00 or	\$4999.99

(Please Type)				
(2) Identification by stock of any business category of the amount	entity held or a	cquired,	and if so	ld the
STOCK IN BUSINESS ENTI	TY HELD OR ACQUI	RED:	F	
a. None Name of Business Ent	ity			
()	Individual Spouse Dependent Child me			·
	Last	First		Middle
CATEGORY OF NUMBER OF	SHARES OF STOCK	HELD OR A	CQUIRED:	
		() 100	than 100 shares to shares or	499 share
IF SHARES OF STOCK IN	BUSINESS ENTITY	SOLD:		
() Net Gain	() Net Loss	() \$100	than \$100 0.00 to \$4 0.00 or mo	1999.99
(3) A list of all bon or acquired, and if so or loss realized from	ld the category	ther commof the am	ercial par ount of ne	per held et gain
BONDS:				
a. None				
()	Individual Spouse Dependeńt Child			
210.	me Last	First		Middle
b				
()	Individual Spouse Dependent Child			
Ivai	me Last	First		Middle

(Pleas	se Type)			3 (1) 14 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
NOTES:				
a .	None		_	
		() Individual () Spouse () Dependent Child Name		
		Last	First	Middle
b		() Individual () Spouse () Dependent Child	THE PART AND THE P	
		Name Last	First	Middle
OTHER	COMMERCIAL P	PAPER:		
a.	None			
	•	() Individual () Spouse () Dependent Child Name Last	 First	 Middle
b				
		() Individual () Spouse () Dependent Child Name		
		Last	First	Middle
BONDS	SOLD:			
a	None			
	·	() Individual () Spouse () Dependent Child Name		·
		Last	First	Middle
		() Net Gain () Net	Loss	() less than \$1000.0 () \$1000.00 to \$4999 () \$5000.00 or more

(Plea	ase Type)							
b	None							
		()	Individua Spouse Dependent me	: Ch	ild			
			me Last			First		Middle
•		()	Net Gain	()	Net	Loss	()	less than \$1000.00 \$1000.00 to \$4999.99 \$5000.00 or more
NOTES	SOLD:							
a	None	· · · · · · · · · · · · · · · · · · ·						
		()	Individua Spouse Dependent me	Ch	ild			
		2100	Last			First		Middle
		()	Net Gain	()	Net	Loss	() ()	less than \$1000.00 \$1000.00 to \$4999.99
b							()	\$5000.00 or more
D		()	Individua Spouse Dependent	l Ch				
		Ivai	me Last			First		Middle
	·	()	Net Gain	()	Net	Loss	()	less than \$1000.00 \$1000.00 to \$4999.99 \$5000.00 or more
OTHER	COMMERCIAL	PAPER	SOLD:					
a	None					,		
		()	Individua Spouse Dependent ae		ild			
			Last			First		Middle
		()	Net Gain	()	Net	Loss	()	less than \$1000.00 \$1000.00 to \$4999.99 \$5000.00 or more

(Please T	ype)				
b	None				
		() Indivi () Spouse () Dependo Name	ent Chi	ild	
		Last		First	Middle
		() Net Ga	in ()	Net Loss	() less than \$1000.00 () \$1000.00 to \$4999. () \$5000.00 or more
(4) Ident income in royalties,	ification excess of and ren	n of each so \$500 deriv	ource a ved per	nd the ca source fi	tegory of the amount of rom interest, dividends,
INTEREST:	(please if in ex	identify so cess of \$50	ource a 0.00)	nd categor	ry of the amount only
a	None				
		() Individ () Spouse () Depende: Name Last	nt Chil	ld First	Middle
ATEGORY OF	THE AMO	UNT:			() less than \$1000.00 () \$1000.00 to \$4999.9 () \$5000.00 or more
IVIDENDS:	(please if in ex	identify so	ource a 00.00)	nd catego	ry of the amount only
•	None				
		() Individu () Spouse () Dependen Name		d	
		Last		First	Middle
ATEGORY OF	THE AMOU	NT:		a a	() less than \$1000.00 () \$1000.00 to \$4999.99 () \$5000.00 or more

(Please Typ	e)		
ROYALTIES:	(please identify source if in excess of \$500.0	ce and catego:	ry of the amount only
a	None		
	() Individual () Spouse () Dependent () Name Last		
CAMECODY OF		First	Middle
CATEGORY OF	THE AMOUNT:		() less than \$1000.00 () \$1000.00 to \$4999.99 () \$5000.00 or more
RENTS: (ple if i	ease identify source an n excess of \$500.00)	d category of	the amount only
an	lone		
	() Individual () Spouse () Dependent Cl Name	nild 	++
	Last	First	Middle
CATEGORY OF			() less than \$1000.00 () \$1000.00 to \$4999.99 () \$5000.00 or more
(5) Identify a personal no \$1000.00 exist amount of the	ication of each person ote or notes for a tota sted at any time during a liability:	or financial I financial I the year, ar	institution to whom liability in excess of nd the category of the
Identity of p	person or financial ins	titution:	
a. Northwe	est National Bank		<u> </u>
	図 Individual () Spouse () Dependent Ch Name Whitmire Last		Harris Middle
CATEGORY OF A	MOUNT OF THE LIABILITY		(* \$1000.00 to \$4999.99 () \$5000.00 or more

(Please Type)			• • •				
Identity of person or financial institution:							
b							
· () Individual) Spouse) Dependent Child ame	l					
·	Last	First	Middle				
CATEGORY OF AMOUNT OF	THE LIABILITY:		\$1000.00 to \$4999.99 \$5000.00 or more				
(6) Identification b real property and bus the category of the a such sale:		eld or acquir	ed, and if sold				
DESCRIPTION OF BENEFI (a description of number of lots or and the name of t	real property is number of acres,	required to					
None Describe beneficial i	nterest	· · · · · · · · · · · · · · · · · · ·					
Number of lots or acr	es						
Name of County		n _	mar hann darin				
() Individual) Spouse) Dependent Child	1					
14	Last	First	Middle				
Describe beneficial i	nterest						
Number of lots or acr	es						
Name of County							
() Individual) Spouse) Dependent Child ame	1 1					
TA	Last	First	Middle				

(Please Type)							
DESCRIPTION OF BENEF	FICI	AL INTEREST	IN	REA	AL PROPE	RTY	SOLD:
Describe beneficial	int	erest					
Number of lots or ac	cres	3					
Name of County							
	()	Individual Spouse Dependent Ch					
	1401	ne <u></u> Last		Fi	Irst		Middle
	()	Net Gain	()	Net	Loss	()	Less than \$1000.00 \$1000.00 to \$4999.99 \$5000.00 or more
Describe beneficial	in	terest					
Number of lots or ac	cre	5			· 		
Name of County							
Name of courty	() () ()	Individual Spouse Dependent Ch	hi1	.d			
	T(C)	me Last	-	Fi	irst		Middle
	- ()	Net Gain	()	Net	Loss	()	Less than \$1000.00 \$1000.00 to \$4999.99 \$5000.00 or more
("Business enti- corporation, ho	ty" ldi the	means a sole ng company, p r entity rece	e p joi	ropi Int s	rietors stock c	nip ompa	ITIES HELD OR ACQUIRED, partnership, firm any, receivership, hrough which business
1. None							
	()	Individual Spouse Dependent C me	hil	Ld			
	Ma	Last		F:	irst		Middle

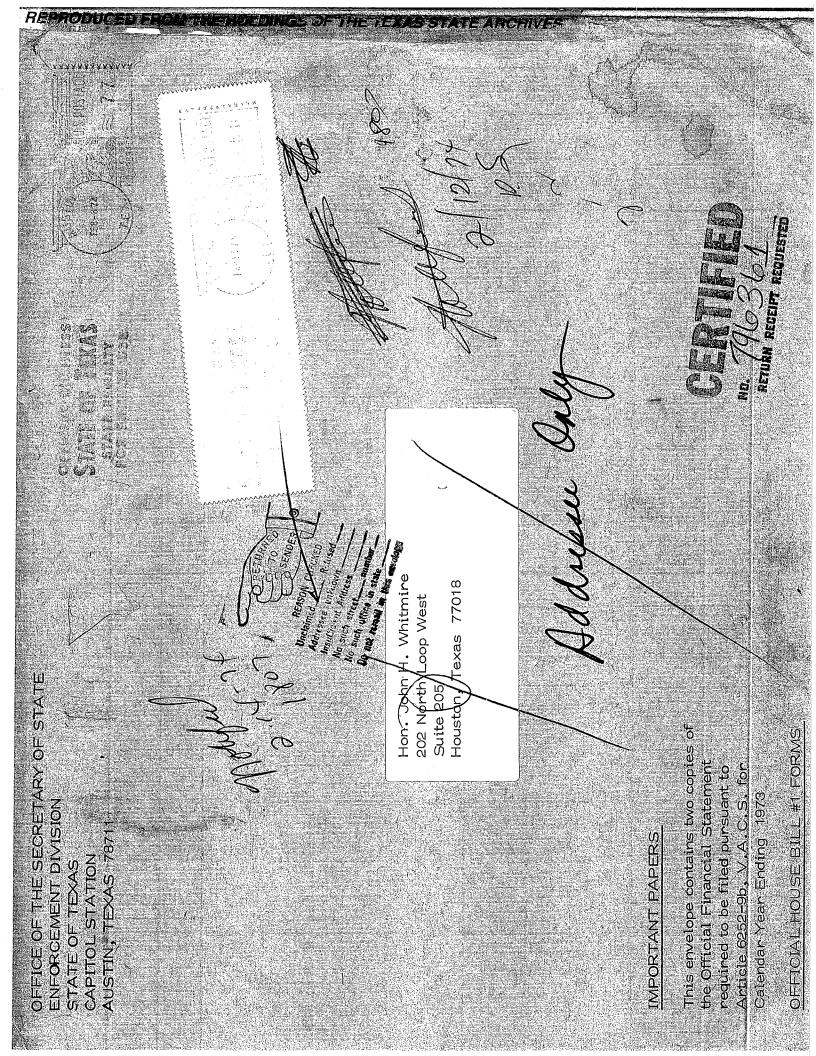
(Please Type)			
2			
•	() Individual () Spouse () Dependent (- Child	
	Name Last	First	Middle
DESCRIPTION OF BEN	EFICIAL INTEREST	r IN BUSINESS 1	ENTITIES SOLD:
L. None			
	() Individual () Spouse () Dependent ()	Child	
	Last	First	Middle
	() Net Gain	() Net Loss	() Less than \$1000.00 () \$1000.00 to \$4999.99 () \$5000.00 or more
2			
:	() Individual () Spouse () Dependent (Name	Child	
	() Net Gain	() Net Loss	() Less than \$1000.00 () \$1000.00 to \$4999.99 () \$5000.00 or more
from whom the pers of money or proper of money or proper from the same sour from persons relat	on or his spouse ty in excess of ty, the total of ce, and a descri ed to the person ffinity and camp	e or dependent \$250.00 in value of which exceeds iption of each at any time value of the contract of the contr	ity, or other organization children received a gift lue or a series of gifts \$250.00 in value received gift, except gifts received within the second degree of tions, which were reported
Identity of person	, business enti	ty, or other o	rganization
None			
Description of gif	t in excess of S	\$250.00	
	() Individual () Spouse () Dependent (Child	
	Name Last	First	Middle

(Please Type)	
Identity of person, business entity, or other organization	ganization
Description of gift in excess of \$250.00	
() Individual () Spouse () Dependent Child Name	
Name Last First	Middle
(8) Identification of the source and the categor income received as beneficiary of a trust and ide asset, if known to the beneficiary, from which in the beneficiary in excess of \$500.00:	ntification of each
None Beneficiary	,
Trust	
List assets known, if income derived more than \$5	00.00
Check category of amount received only during rep	orting period:
) Less than \$1000.00) \$1000.00 to \$4999.99) \$5000.00 or more
(9) Identification by description and category o assets and liabilities of any corporation in which of the outstanding stock was held, acquired, or s	h 50 percent or more
Name of corporation: None	
ASSETS: (description)	
() Individual () Spouse () Dependent Child Name	
Last First	Middle
	Less than \$1000.00 \$1000.00 to \$4999.99

(Please Type)			•
LIABILITIES: (des	scription)		
	() Individual () Spouse () Dependent O Name	Child	
	Last	First	Middle
	() Held/Acquir		() Less than \$1000. () \$1000.00 to \$499 () \$5000.00 or more
(10) A list of alexecutive position and proprietorship partnership, or proprietorship.	ns which you hold os, stating the n	l in corporation name of each con	you are a member ans, firms, partners poration, firm, neld.
None Name of corporation	n firm partner	ghin propriet	
dame of corporation	m, rirm, partner	ship, proprieto	orsnip
Position held			
child or children in corporations, f	are members and irms, partnershi corporation, firm	executive posit ps, and proprie	spouse or dependent tions held by them etorships, stating or proprietorship
Name of corporation	on, firm, partner	ship, proprieto	prship
Position held			
	() Spouse () Dependent C Name	hild	· · · · · · · · · · · · · · · · · · ·
	Last	First	Middle
ame of corporatio	n, firm, partner	ship, proprieto	rship
Position held			
	() Spouse () Dependent C Name	hild	
	Last	First	Middle

VERIFICATION

I do solemnly swear that the foregoing Financial Statement, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Article 6252-9b, V.A.C.S.
Signature of Affiant
Sworn to and subscribed before me by the H. Whitmile this the 4th day of March
197 4, to certify which, witness my hand and seal.
Notary Public, Junes County, Texas





STATE OF TEXAS OFFICE OF THE SECRETARY OF STATE AUSTIN, TEXAS 78711

Mark W. White, Jr. SECRETARY OF STATE

February 5, 1974

Bruce Hughes ASST. SECRETARY OF STATE

RE: Financial Statement Forms for calendar year 1973

Dear Candidate:

Enclosed herein you will find two (2) copies of the official financial statement form prepared pursuant to Article 6252-9b, V.A.C.S. The filing deadline for the financial statement is 5 P.M., March 6, 1974, with the Office of the Secretary of State for candidates seeking the following offices:

- a member of the legislature (Exception: candidates seeking the office of state representative for Districts 7, 17, 19, 32, 35, 37, 48, 72, 75, whose deadline for filing for office was extended by court order from February 4, 1974, to February 18, 1974. For these candidates, the filing deadline for filing the financial statement is 5 P.M., March 20, 1974, with the Office of the Secretary of State);
- B. an executive or judicial officer elected in a statewide election;
- C. a judge of a court of civil appeals, a district court, a court of domestic relations, or a juvenile court created by special law;
- a member of the State Board of Education. D.

Please return a copy of the completed form to the attention of the Enforcement Division, Office of the Secretary of State, P. O. Box 12887, Austin, Texas 78711. In addition, kindly sign the enclosed postcard and send it by return mail to the office in order that we will know that you have received your two (2) copies of the financial statement.

Your cooperation in this matter will be appreciated.

Yours truly,

MARK W. WHITE, JR. Secretary of State

By Levry Reed Goodman Terry Reed Goodman, Director

Enforcement Division