

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR MR FIRST LAST MI SUFFIX  
ROBERT W. H. TARKER 3  
 NICKNAME LAST SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO BOX 1266  
VICTORIA, TX 77902  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(361) 578-8045

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR FIRST LAST MI SUFFIX  
GAYLA W. H. TARKER W  
 NICKNAME LAST SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**  
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
201 W. WITALLER VICTORIA, TX 77901

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(361) 578-8045

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
07 / 01 / 2009 12 / 31 / 2009

**11 ELECTION**  
 ELECTION DATE: Month Day Year  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)  
JP PRECINCT 3

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 \*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*  
 Name  
 Address / PO Box; Apt. / Suite #; City; State; Zip Code  
 additional pages

**OFFICE USE ONLY**  
 Date Received  
**JAN 12 2010**  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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**17 NOTICE FROM POLITICAL COMMITTEE(S)**

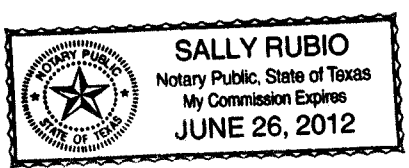
•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required 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
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 375 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 499.66 <del>\$ 10,300</del>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,300 <sup>00</sup>
OUTSTANDING LOAN TOTALS		

**19 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.

*[Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT O. WHITAKER, JR, this the 12 day of JANUARY, 20 12, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Sally Rubio  
\_\_\_\_\_  
Printed name of officer administering oath

Notary  
\_\_\_\_\_  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *ROBERT B. WHITAKER* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/28/2009</i>	5 Payee name <i>VICTORIA COUNTY REPUBLICAN PARTY</i>	7 Amount (\$) <i>375<sup>00</sup></i>
6 Payee address; City; State; Zip Code <i>CAMPION RUNS</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>PRIMARY FILING FEE</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**