

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <u>MR</u> FIRST LAST SUFFIX ROBERT WHITAKER NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1266 VICTORIA, TX 77902-1266	Date Received <b>RECEIVED</b> <b>JUL 12 2010</b> Date Hand-delivered or Date Postmarked	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (361) 578-8045	Receipt #	Amount
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / <u>MR</u> FIRST LAST SUFFIX GAYLA WHITAKER	Date Processed	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 N. WHEELER VICTORIA, TX 77901		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (361) 578-8045		
<b>9 REPORT TYPE</b>	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 01 / 01 / 2010    THROUGH    06 / 30 / 2010		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11 / 02 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) JP3	<b>13 OFFICE SOUGHT</b> (if known) JP3	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	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		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** ROBERT B. WHITAKER **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

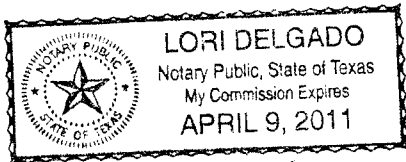
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,350 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 115.93
	4. TOTAL POLITICAL EXPENDITURES	\$ 870.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,979.16
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,300 <sup>00</sup>

**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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT B. WHITAKER, this the 12 day of JULY, 20 10, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Lori Delgado  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>ROBERT J. WHITAKER</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/5/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>KMMETT COLE</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		10 Employer (See Instructions)	
Date <i>5/5/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROBERT C. MCKAY</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date <i>5/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RICHARD MASKE</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date <i>5/24/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DON D. CRAWFORD</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date <i>6/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DON D. CRAWFORD</i>	Amount of contribution (\$) <i>150<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>ROBERT J. WHITAKER</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/2/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WAYNE GOSSERT</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3007 S. LAURENT VICTORIA, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		10 Employer (See Instructions)	
Date <i>2/8/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD CISNEROS</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1503 S. LAURENT VICTORIA, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/4/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HOUSTON P. STERNE, DDS</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>DENTIST</i>		Employer (See Instructions)	
Date <i>3/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES W. STORER</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date <i>5/8/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRENT BORNBERG</i>	Amount of contribution (\$) <i>150<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>ROBERT J. WHITAKER</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/5/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PATRICK A. CULLEN</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO BOX 2938 VICTORIA, TX 77902-2938</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		10 Employer (See Instructions)	
Date <i>1/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>REX MOSES</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions)	
Date <i>1/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILL DENTON</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>ROBERT B. WHITAKER</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2/1/10</b>	5 Payee name <b>VICTORIA ADVOCATE</b>	
6 Amount (\$) <b>156<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>311 E CONSTITUTION VICTORIA, TX 77901</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OTHER</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>SUBSCRIPTION</b>
	Candidate / Officeholder name	Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH		
Date <b>2/26/10</b>	Payee name <b>TRACTOR SUPPLY TSC</b>	
Amount (\$) <b>57.96</b>	Payee address; City; State; Zip Code <b>9304 N. NAVARRO VICTORIA, TX 77904</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>T-POST EXTRACTOR</b>
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date <b>5/3/10</b>	Payee name <b>POSTMASTER</b>	
Amount (\$) <b>88<sup>00</sup></b>	Payee address; City; State; Zip Code <b>312 S. MAIN VICTORIA, TX 77901</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FUNDRAISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b>
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date <b>6/16/10</b>	Payee name <b>INSTANT COPY &amp; PRINTING</b>	
Amount (\$) <b>458.62</b>	Payee address; City; State; Zip Code <b>1810 N. NAVARRO VICTORIA, TX 77901</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>PRINTING</b>
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED