

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 <u>MR</u> FIRST <u>ROBERT</u> MI <u>B</u> NICKNAME LAST SUFFIX <u>WHITAKER</u>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED Date Hand-Delivered or Date Postmarked JUN 14 2006 BY: <u>[Signature]</u> Receipt # _____ Date Processed _____ Date Imaged _____ </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>PO BOX 1266</u> <u>VICTORIA, TX 77902</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 573-0821</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>GAYLA W.</u> <u>MI</u> NICKNAME LAST SUFFIX <u>WHITAKER</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>201 N. WATERLOR</u> <u>VICTORIA, TX 77901</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 578-8045</u>		
9 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 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>03 / 01 / 2006</u> <u>6 / 30 / 06</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 07 / 06</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>JP PRECINCT #3</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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 _____		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

ROBERT B. WHITAKER

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 75.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 75.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 618.12

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 562.70

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1200.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Robert B. Whitaker
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert B. Whitaker, this the 14 day of July, 20 06, to certify which, witness my hand and seal of office.

Lynna J. Anderson
Signature of officer administering oath

Lynna J. Anderson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E: 2

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 3/14/06 7 Name of lender out-of-state PAC (ID#: _____) ROBERT B. WHITAKER 9 Loan Amount (\$) 450⁰⁰

6 Is lender a financial institution? Y N 8 Lender address; City; State; Zip Code 10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions) ATTORNEY 13 Employer (See Instructions) SELF

14 Description of Collateral none

15 GUARANTOR INFORMATION not applicable 16 Name of guarantor _____ 17 Guarantor address; City; State; Zip Code _____ 18 Amount Guaranteed (\$) _____

19 Principal Occupation _____ 20 Employer _____

Date of loan _____ Name of lender out-of-state PAC (ID#: _____) _____ Loan Amount (\$) _____

Is lender a financial institution? Y N Lender address; City; State; Zip Code _____ Interest rate _____

Maturity date _____

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor _____ Amount Guaranteed (\$) _____ Guarantor address; City; State; Zip Code _____

Principal Occupation _____ Employer _____

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: right; font-size: 2em;">2</div>
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">ROBERT B. WHITAKER</div>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <div style="font-size: 1.2em; font-family: cursive;">6/22/06</div>	7 Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; font-family: cursive;">ROBERT B. WHITAKER</div>	9 Loan Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">350⁰⁰</div>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <div style="font-size: 1.2em; font-family: cursive;">201 N WHEELER VICTORIA, TX 77901</div>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">ATTORNEY</div>		13 Employer (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">SELF</div>
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

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

4 Date	5 Payee name CHRIS NICHOLSON	7 Amount (\$)
4/24/06	6 Payee address: City: State: Zip Code PO BOX 2522 VICTORIA, TX 77902	374.10

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN ADVERTISING EXPENSES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name CHRIS NICHOLSON	Amount (\$)
6/18/06	Payee address: City: State: Zip Code PO BOX 2522 VICTORIA, TX 77902	244.10

Purpose of payment (See instructions regarding type of information required.) ADVERTISING SIGNS	9 ** Complete if direct expenditure to benefit C/OH ** 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.)	9 ** Complete if direct expenditure to benefit C/OH ** 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.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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