

# 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> <div style="text-align: center; font-size: 2em;">9</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">M</span> FIRST      MI <div style="text-align: center; font-size: 1.5em;">ROBERT      B</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">WHITAKER</div>	<b>OFFICE USE ONLY</b> <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked 1/12/07 <span style="float: right;">JT</span> 2:35 pm <hr/> Receipt #      Amount <hr/> Date Processed <hr/> Date Imaged	
<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		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (361)      573-0021		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI GAYLA      W NICKNAME      LAST      SUFFIX WHITAKER		
<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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 10 / 30 / 06      12 / 31 / 06		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 11 / 07 / 06	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) J.P. PRECINCT 3	<b>13 OFFICE SOUGHT (if known)</b>	
<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		

**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 Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

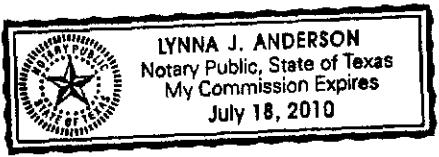
COMMITTEE CAMPAIGN TREASURER ADDRESS

\*\* 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. \*\*

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>100<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,591.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>358.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,600<sup>00</sup></u>

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.



Robert B. Whitaker  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert B. Whitaker this the 11 day of January, 2007, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: <u>1</u>	
<b>2</b> FILER NAME <u>ROBERT B. WHITMAN</u>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date <u>11/2/06</u>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT MCKAY</u>	<b>7</b> Amount of contribution (\$) <u>100<sup>00</sup></u>	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
<b>9</b> Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1 OF 3</b>
2 FILER NAME <b>ROBERT B. WHITAKER</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		<b>\$-2,000<sup>00</sup></b>
5 Date of loan <b>11/6/06</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT B. WHITAKER</b>	9 Loan Amount (\$) <b>2,000<sup>00</sup></b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;    City:    State:    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		13 Employer (See Instructions) <b>SELF</b>
14 Description of Collateral <input checked="" 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
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2 of 3</b>
2 FILER NAME <b>ROBERT B. WHITAKER</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨      \$		
5 Date of loan <b>11/9/06</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ROBERT B. WHITAKER</b>	9 Loan Amount (\$) <b>2,000<sup>00</sup></b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address:      City:      State:      Zip Code	10 Interest rate
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		11 Maturity date
13 Employer (See Instructions) <b>SELF</b>		
14 Description of Collateral <input checked="" 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
Principal occupation / Job title (See Instructions)		Maturity date
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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>3 of 3</b>
2 FILER NAME <b>ROBERT B. WHITAKER</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan <b>12/4/06</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT B. WHITAKER</b>	9 Loan Amount (\$) <b>1,500.00</b>
6 Is lender a financial institution?  Y <b>N</b>	8 Lender address;    City;    State;    Zip Code	10 Interest rate
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		11 Maturity date
13 Employer (See Instructions) <b>SELF</b>		
14 Description of Collateral <input checked="" 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
Principal occupation / Job title (See Instructions)		Maturity date
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
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 OF 3

2 FILER NAME

ROBERT B WALTAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/06

5 Payee name

POSTMASTER

7 Amount (\$)

645<sup>00</sup>

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

POSTAGE

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/31/06

Payee name

VICTORIA TV GROUP

Amount (\$)

139<sup>90</sup>

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/31/06

Payee name

SUPPLEN LINK CABLE

Amount (\$)

280<sup>00</sup>

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/3/06

Payee name

CHRIS NICHOLSON

Amount (\$)

640<sup>05</sup>

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 3

2 FILER NAME

ROBERT B. WALTERS

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/6/06

5 Payee name

CHRIS NICHOLSON

7 Amount (\$)

697 <sup>of</sup>

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/8/06

Payee name

VICTORIA ADVOCATE

Amount (\$)

93 <sup>80</sup>

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/12/06

Payee name

CHRIS NICHOLSON

Amount (\$)

230 <sup>of</sup>

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/14/06

Payee name

FOSATT'S DELICATESSEN

Amount (\$)

601 <sup>22</sup>

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PARTY

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/17/06

5 Payee name

CARIS NICHOLSON

7 Amount (\$)

189.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/5/06

Payee name

CARIS NICHOLSON

Amount (\$)

541.25

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING - PAPER FOR 5 BILLBOARDS

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/5/06

Payee name

MARTIN PRINTING

Amount (\$)

281.18

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING - DOOR HANGERS

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/5/06

Payee name

MARTIN PRINTING

Amount (\$)

1,253.29

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING - POST CARDS

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED