

# 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><br>(Ethics Commission filers)   | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR ( ) FIRST <u>ROBERT</u> MI <u>B</u><br>NICKNAME LAST SUFFIX<br><u>WHITAKER</u>  | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> OCT - 9 2006<br>Date Hand-delivered or Date Postmarked<br>[Signature] 4:20pm<br>Receipt # Amount<br>Date Processed<br>Date Imaged |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address                       | ADDRESS (PO BOX) APT / SUITE # CITY STATE ZIP CODE<br><u>PO BOX 1266</u><br><u>VICTORIA, TX 77902</u>   |   |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><u>(361) 573-0821</u>   |   |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR FIRST MI<br>NICKNAME LAST SUFFIX<br><u>GAYLA</u> <u>W</u><br><u>WHITAKER</u>  |   |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE  |   |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><u>(361) 573-8045</u>   |   |                             |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input 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<br><u>7 / 01 / 06</u> <u>10 / 09 / 06</u><br><u>09 28</u>   |   |                             |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year<br><u>11 / 07 / 06</u>  | ELECTION TYPE<br><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)  | <b>13 OFFICE SOUGHT (if known)</b><br><u>JP PRECINCT #3</u>   |                             |
| <b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b><br><br><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. **<br>Name<br>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)**

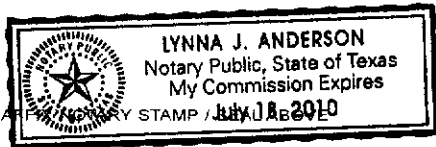
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><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 | \$ 125.00   |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 500.00   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 2,191.69 |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,191.69 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 610.61   |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 2700.00  |

**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.



*Robert B. Whitaker*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert B. Whitaker, this the 9<sup>th</sup> day of October, 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  
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<br><b>ROBERT B WHITAKER</b>  |  | 3 ACCOUNT # (Ethics Commission filers)                    |  |
| 4 Date<br><b>7/6/06</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ALTON WAYNE GOSSETT</b>  | 7 Amount of contribution (\$) <b>100<sup>00</sup></b>     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>302 BIRCHWOOD<br/>VICTORIA, TX 77901</b>   |  | (If travel outside of Texas, complete Schedule T)         |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>METAL SALVAGE</b>                 |  | 10 Employer (See Instructions)                            |  |
| Date<br><b>8/2/06</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ROBERT ALVAREZ</b>         | Amount of contribution (\$) <b>100<sup>00</sup></b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>PO BOX 965<br/>VICTORIA, TX 77902</b>        |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>CONSTRUCTION CONTRACTOR</b>         |  | Employer (See Instructions)                               |  |
| Date<br><b>9/7/06</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>RONARD W. ARIEDEL</b>      | Amount of contribution (\$) <b>100<sup>00</sup></b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2302 N. WINTERLUR<br/>VICTORIA, TX 77902</b> |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>TEACHER</b>                         |  | Employer (See Instructions)<br><b>ST. JOE HIGH SCHOOL</b> |  |
| Date<br><b>9/25/06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>THURRY M. CARROLL, JR.</b> | Amount of contribution (\$) <b>100<sup>00</sup></b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>507 N. CRAIG<br/>VICTORIA, TX 77901</b>      |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>                        |  | Employer (See Instructions)                               |  |
| Date<br><b>9/27/06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LOLA BADE</b>              | Amount of contribution (\$) <b>100<sup>00</sup></b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>700 N. CRAIG<br/>VICTORIA, TX 77901</b>      |  | (If travel outside of Texas, complete Schedule T)         |  |
| Principal occupation / Job title (See Instructions)<br><b>RETIRED</b>                         |  | 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:

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ ~~500~~<sup>500</sup>

5 Date of loan

7/14/06

7 Name of lender

ROBERT B. WHITAKER

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

500<sup>00</sup>

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code

201 N. WHEELER  
VICTORIA, TX 77901

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

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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:  |   |
| 2 FILER NAME<br><i>ROBERT B. WHITAKER</i>  |  | 3 ACCOUNT # (Ethics Commission filers)                                   |   |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨                            |  |  | \$  |
| 5 Date of loan<br><i>9/7/00</i>  | 7 Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>ROBERT B. WHITAKER</i> |  | 9 Loan Amount (\$)<br><i>1,000<sup>00</sup></i> |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N | 8 Lender address;    City;    State;    Zip Code<br><i>201 N. WITKILLER<br/>VICTORIA, TX 77901</i>   |  | 10 Interest rate                                |
| 12 Principal occupation / Job title (See Instructions)<br><i>ATTORNEY</i>        |  |  | 11 Maturity date                                |
| 13 Employer (See Instructions)<br><i>SELF</i>                                    |  | 14 Description of Collateral<br><input checked="" type="checkbox"/> none |   |
| 15 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable          | 16 Name of guarantor<br><br>.....<br>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?<br><br>Y    N                                 | Lender address;    City;    State;    Zip Code   |  | Interest rate                                   |
| Principal occupation / Job title (See Instructions)                              |  |  | Maturity date                                   |
| Principal Occupation   |  | Employer (See Instructions)  |   |
| Description of Collateral<br><input type="checkbox"/> none                       |  |  |   |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable             | Name of guarantor<br><br>.....<br>Guarantor address;    City;    State;    Zip Code                  |  | Amount Guaranteed (\$)                          |
| 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.**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | <b>1</b> Total pages Schedule F:   |
| <b>2</b> FILER NAME<br><i>ROBERT B. WHITAKER</i>   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br><i>8/14/06</i>  | <b>5</b> Payee name<br><i>BOB KEITH</i><br><b>6</b> Payee address; City; State; Zip Code | <b>7</b> Amount (\$)<br><i>100<sup>00</sup></i>  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br><i>POLES + STAKES FOR SIGNS</i><br>(If travel outside of Texas, complete Schedule T)         |  | <b>9</b> ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
| Date<br><i>8/22/06</i>   | Payee name<br><i>CHRIS NICHOLSON</i><br><b>6</b> Payee address; City; State; Zip Code    | Amount (\$)<br><i>130<sup>00</sup></i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>ADVERTISING IN ST. JOE FOOTBALL PROGRAM</i><br>(If travel outside of Texas, complete Schedule T)   |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held          |
| Date<br><i>8/22/06</i>   | Payee name<br><i>MARTIN PRINTING</i><br><b>6</b> Payee address; City; State; Zip Code    | Amount (\$)<br><i>122<sup>00</sup></i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>PRINTING - ADVERTISING BUSH CARDS</i><br>(If travel outside of Texas, complete Schedule T)         |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held          |
| Date<br><i>8/22/06</i>   | Payee name<br><i>MHS UPPER FOOTBALL</i><br><b>6</b> Payee address; City; State; Zip Code | Amount (\$)<br><i>450<sup>00</sup></i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>ADVERTISING IN MHS UPPER FOOTBALL PROGRAM</i><br>(If travel outside of Texas, complete Schedule T) |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held          |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |  |  |

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule F:   |
| 2 FILER NAME<br><i>ROBERT B. WHITAKER</i>   |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><i>9/7/06</i>   | 5 Payee name<br><i>ALLIED ADVERTISING</i><br>6 Payee address; City; State; Zip Code | 7 Amount (\$)<br><i>\$1,100.00</i>  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>CAMPAIGN SIGNS ADVERTISING</i><br>(If travel outside of Texas, complete Schedule T) |   | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
| Date<br><i>9/15</i>   | Payee name<br><i>CHRIS NICHOLSON</i><br>Payee address; City; State; Zip Code        | Amount (\$)<br><i>74.17</i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>POSTAGE REIMBURSEMENT</i><br>(If travel outside of Texas, complete Schedule T)        |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held   |
| Date<br><i>9/22</i>   | Payee name<br><i>CHRIS NICHOLSON</i><br>Payee address; City; State; Zip Code        | Amount (\$)<br><i>169.51</i>  |
| Purpose of payment (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)  |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held   |
| Date<br><i>9/23</i>   | Payee name<br><i>LOWE'S</i><br>Payee address; City; State; Zip Code                 | Amount (\$)<br><i>49.14</i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>CLUB, LUMBER, CABLE TIES</i><br>(If travel outside of Texas, complete Schedule T)     |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held   |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>  |   |   |