

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: <div style="text-align: center; font-size: 2em;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX ROBERT WHITAKER B	<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> Date Hand Delivered or Date Postmarked OCT 30 2006 [Signature] Receipt # Amount 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 PO BOX 1266 VICTORIA, TX 77902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 573-0821		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST MI SUFFIX GAYLA WHITAKER W		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 201 N. WITAKER VICTORIA, TX 77901		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 578-8045		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 29 / 06 10 / 29 / 06		
11 ELECTION	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	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JP PRECINCT 3	
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 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. ••

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 635⁰⁰

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

\$ 1910⁰⁰

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3,633.20
~~3,063.71~~

CONTRIBUTION BALANCE

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

\$ 1,112.21

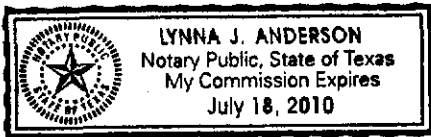
OUTSTANDING LOAN TOTALS

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

\$ 5,100⁰⁰

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 30th day of October, 2004, 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.		1 Total pages Schedule A. 1 OF 2	
2 FILER NAME ROBERT B. WHITARD		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/9/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOM CLICK	7 Amount of contribution (\$) 75⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 153 BAASS LANE VICTORIA, TX 77905		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) SERVICE & TRANSPORT		10 Employer (See Instructions) SELF	
Date 10/13/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEWIS & RUTH WILLIAMS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2036 WARREN VICTORIA, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 10/13/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DONALD & LIZ TADUS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 S. DE LEON VICTORIA, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) KORMUSA	
Date 10/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DR. PABLO GARZA	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 608 CHAMPIONS ROW VICTORIA, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions) SELF	
Date 10/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES L. CARROLL	Amount of contribution (\$) 75⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2212 FM 466 SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		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 of 2	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/19/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN C. THOMPSON	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 101 PASADENA VICTORIA, TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) OIL & GAS PRODUCTION		10 Employer (See Instructions) SELF	
Date 10/19/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON P. STERNE	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2506 E MOCKINGBIRD VICTORIA, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) SELF	
Date 10/20/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMANNUS & CRAIN	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 W. JUAN LINDA VICTORIA, TX 77901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEYS		Employer (See Instructions) SELF	
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)	

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LOANS **SCHEDULE E**

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

2 FILER NAME *ROBERT S. WHITTAKER* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan <i>09/29/06</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ROBERT S. WHITTAKER</i>	9 Loan Amount (\$) <i>1,000⁰⁰</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>201 N. WHITTAKER</i>	10 Interest rate
	<i>VICTORIA, TX 77901</i>	11 Maturity date

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

14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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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 <input type="radio"/> N <input type="radio"/>	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 <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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 OF 2

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 10/27/06	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT B. WHITAKER	9 Loan Amount (\$) 1,000
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 201 N. WHITAKER 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 <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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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 <input type="checkbox"/> N <input type="checkbox"/>	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 <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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.

1 Total pages Schedule F:
1083

2 FILER NAME
ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/6/06

5 Payee name
POSTMASTER

7 Amount (\$)
180⁰⁰

6 Payee address; City; State; Zip Code
VICTORIA, TX 77901

8 Purpose of payment (See instructions regarding type of information required.)
DIRECT
POSTAGE / 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
10/6/06

Payee name
CHRIS NICHOLSON
Payee address; City; State; Zip Code

Amount (\$)
297.40

Purpose of payment (See instructions regarding type of information required.)
PRINTING / 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
10/20/06

Payee name
LAMAR
Payee address; City; State; Zip Code

Amount (\$)
700⁰⁰

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
10/23/06

Payee name
SUDDENLINK
Payee address; City; State; Zip Code

Amount (\$)
650⁰⁰

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 S. WHITAKER		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/29/06	5 Payee name KAVU-TV 6 Payee address; City; State; Zip Code	7 Amount (\$) 127.50
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 10/24/06	Payee name POSTMASTER Payee address; City; State; Zip Code	Amount (\$) 654.50
Purpose of payment (See instructions regarding type of information required.) POSTAGE/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 10/24/06	Payee name LAMAR Payee address; City; State; Zip Code	Amount (\$) 340.00
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 11/27/06	Payee name SUPPLEMENTAL CABLE Payee address; City; State; Zip Code	Amount (\$) 525.00
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:
3 of 3

2 FILER NAME
ROBERT J. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/27/06

5 Payee name
CHRIS NICHOLSON

7 Amount (\$)
209¹⁰

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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