

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>ROBERT B</b>	OFFICE USE ONLY Date Received <b>JAN 11 1999</b> <i>George Manley</i>	
	NICKNAME LAST SUFFIX <b>WHITAKER</b>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. BOX 1266 VICTORIA, TX 77902</b>	Receipt # HD / PM Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>J. DAVID</b>	Receipt #	
	NICKNAME LAST SUFFIX <b>McMAHON</b>	HD / PM Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>503 CHAMPIONS Row VICTORIA, TX 77904</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 575-2970</b>		
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>10 / 25 / 98    12 / 31 / 98    1 / 11 / 99</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>11 / 3 / 98</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <b>COURT AT LAW #2</b>	
13 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		
<b>GO TO PAGE 2</b>			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**14 C/OH NAME** Robert B. Whitaker **15 ACCOUNT #** (Ethics Commission filers)

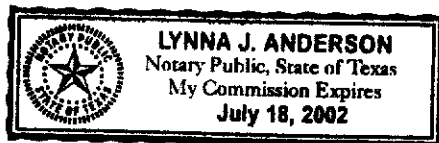
**16 SUPPORTING POLITICAL COMMITTEE(S)**  
 \*\* This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

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

additional pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 27.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1609.38
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1171.94

**18 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 11th day of January, 1999, to certify which, witness my hand and seal of office.

Lynna J. Anderson  
Signature of officer administering oath

LYNNA J. ANDERSON  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule A(J): <u>1</u>	
<b>2</b> FILER NAME <u>ROBERT B. WHITAKER</u>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date <u>10/28/98</u>	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC <u>RICHARD CISNEROS</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 <u>1505 S. LAURENT VICTORIA, TX 77901</u>			
<b>9</b> Contributor's principal occupation <u>BUILDER</u>		<b>10</b> Contributor's job title <u>BUILDER</u>	
<b>11</b> Contributor's employer/law firm		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			
Date <u>11/4/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>MARK ZAFERRO</u>	Amount of contribution (\$) <u>150<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>205 PASADENA VICTORIA, TX 77909</u>			
Contributor's principal occupation <u>CPA</u>		Contributor's job title <u>CPA</u>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):  1
2 FILER NAME  ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$		
5 Date of loan  10/29/98	7 Name of lender <input type="checkbox"/> out of state PAC  ROBERT B. WHITAKER	9 Loan Amount (\$)  1500 <sup>00</sup>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;   City;   State;   Zip Code  P.O. BOX 1266 VICTORIA, TX 77902	10 Interest rate
12 Lender's Principal Occupation  ATTORNEY / CANDIDATE		11 Maturity date
14 Lender's Employer/Law Firm		13 Lender's Job Title
15 Law Firm of lender's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral  <input checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	19 Name of guarantor  ..... 20 Guarantor address;   City;   State;   Zip Code	21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

**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: <u>1</u>
2 FILER NAME <u>ROBERT B. WHITAKER</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>10/29/98</u>	5 Payee name <u>VICTORIA ADVOCATE</u> 6 Payee address; City; State; Zip Code <u>311 E. CONSTITUTION</u> <u>VICTORIA, TX 77901</u>	7 Amount (\$) <u>1,609.38</u>
8 Purpose of expenditure <u>ADVERTISING</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought / held _____
Date <u>1/11/99</u>	Payee name <u>ROBERT B. WHITAKER</u> Payee address; City; State; Zip Code <u>P.O. BOX 1266</u> <u>VICTORIA, TX 77902</u>	Amount (\$) <u>328.06</u>
Purpose of expenditure <u>PARTIAL REPAYMENT OF LOAN (CLOSE ACCOUNT) (BALANCE OR CAMPAIGN ACCT)</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought / held _____
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought / held _____
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought / held _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule L: <u>1</u>
2 FILER NAME <u>ROBERT B. WHITAKER</u>		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION <u>UNPAID BALANCE</u> <u>\$1,171.94</u>	4 Name of lender <u>ROBERT B. WHITAKER</u>	
5 Lender address; City; State; Zip Code <u>P.O. Box 1266, VICTORIA, TX, 77902</u>		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor	
7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender	
Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender	
Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender	
Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
Guarantor address; City; State; Zip Code		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

## DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" \*\*

1 C/OH NAME

ROBERT B. WHITAKER

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

## A. CAMPAIGN FUNDS

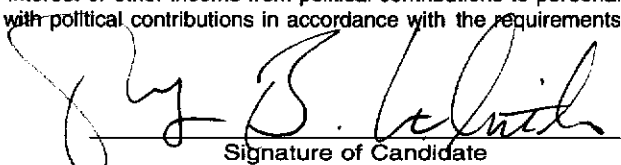
Check *only* one:
 I do not have unexpended contributions or unexpended interest or income earned from political contributions.

 I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check *only* one:
 I do not retain assets purchased with political contributions or interest or other income from political contributions.

 I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*
 I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

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 Signature of Officeholder