

**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)

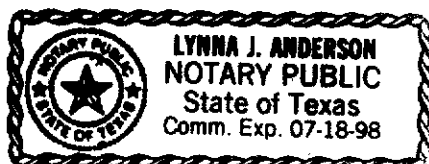
** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,254.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 645.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



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 14th day of January, 19 98, to certify which, witness my hand and seal of office.

Lynna J. Anderson LYNNA J. ANDERSON Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 2 (10P2)	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/3/97	5 Full name of contributor <input type="checkbox"/> out of state PAC EUGENIA B. WHITAKER	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2408 ROSEWOOD WACO, TX 76710			
9 Contributor's principal occupation RETIRED		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/5/97	Full name of contributor <input type="checkbox"/> out of state PAC DON SCHMIAT	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1104 CERVANTES VICTORIA, TX 77901			
Contributor's principal occupation AUTO SALVAGE		Contributor's job title OWNER	
Contributor's employer/law firm BIG STATE AUTO SALVAGE		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/8/97	Full name of contributor <input type="checkbox"/> out of state PAC ROBERT B. WHITAKER	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 N. WITKLER VICTORIA, TX 77901			
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm ROBERT B. WHITAKER		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): (2 OF 2)	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/8/97	5 Full name of contributor <input type="checkbox"/> out of state PAC IRENE BRALY	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2408 ROSEWOOD WACO, TX 76710			
9 Contributor's principal occupation RETIRED		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/11/97	Full name of contributor <input type="checkbox"/> out of state PAC ROBERT J. WOODARD	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6137 PRESTON HAVEN DR. DALLAS, TX 75230			
Contributor's principal occupation STOCK BROKER		Contributor's job title STOCK BROKER	
Contributor's employer/law firm FIRST DALLAS SECURITIES		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)			

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/8/97	5 Payee name VICTORIA COUNTY REPUBLICAN PARTY	7 Amount (\$) 1,200⁰⁰
6 Payee address; City; State; Zip Code P.O. BOX 1057 VICTORIA, TX 77902-1057		
8 Purpose of expenditure FILING FEE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 12/14/97	Payee name AUSTIN CHARIOT	Amount (\$) \$54.24
Payee address; City; State; Zip Code 7300 N. IH 35 AUSTIN, TX 78752		
Purpose of expenditure MOTEL ROOM		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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

(Effective 09/01/1997)