

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed:</p>				
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <u>MR</u> FIRST MI <u>B</u> ROBERT NICKNAME LAST SUFFIX WHITAKER</p>		<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received RECEIVED JAN 31 2006 Margitta Hill</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>	Receipt #	Amount		
Receipt #	Amount						
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1266 VICTORIA, TX 77902</p>						
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (361) 573-0821</p>						
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI <u>W</u> MAYLA NICKNAME LAST SUFFIX WHITAKER</p>						
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 N. WHEELER VICTORIA, TX 77901</p>						
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (361) 578-8045</p>						
<p>9 REPORT TYPE</p>	<p> <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) <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) </p>						
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 01 / 01 / 06 01 / 31 / 06</p>						
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03 / 07 / 06</p>						
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known) JP, PRECINCT #3</p>					
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages</p>	<p>•• 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. ••</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code</p>						
<p>GO TO PAGE 2</p>							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

ROBERT B. WHITAKER

16 ACCOUNT # (Ethics Commission files)

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 100⁰⁰

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

\$ 100⁰⁰

EXPENDITURE TOTALS

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

\$ 0-

4. TOTAL POLITICAL EXPENDITURES

\$ 400.91

CONTRIBUTION BALANCE

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

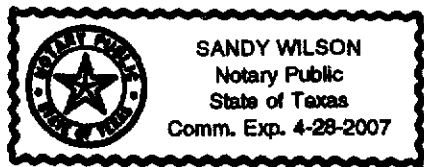
\$ 100⁰⁰

OUTSTANDING LOAN TOTALS

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

\$ 400⁰⁰

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert B. Whitaker, this the 31st day of January, 2006, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sandy Wilson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ♂ ♂ ♂ ♂ ♂ ♂

\$ 400⁰⁰

5 Date of loan
1/30/06

7 Name of lender out-of-state PAC (ID# _____)
ROBERT B. WHITAKER

9 Loan Amount (\$)
400⁰⁰

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate
-0-

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name
VICTORIA COUNTY REPUBLICAN PARTY
6 Payee address; City; State; Zip Code

8 Amount (\$)
375.00

7 Purpose of expenditure (See instructions regarding type of information required.)
RILING FEE

Reimbursement from political contributions intended

Date

5 Payee name
VICTORIA COUNTY ELECTION ADMINISTRATION OFFICE
6 Payee address; City; State; Zip Code
111 N. GLASS
VICTORIA, TX 77901

8 Amount (\$)
25.41

7 Purpose of expenditure (See instructions regarding type of information required.)
PUBLIC INFORMATION

Reimbursement from political contributions intended

Date

5 Payee name
6 Payee address; City; State; Zip Code

8 Amount (\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

5 Payee name
6 Payee address; City; State; Zip Code

8 Amount (\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

5 Payee name
6 Payee address; City; State; Zip Code

8 Amount (\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED