

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;">11</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST MI <u>ROBERT B.</u> W NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">WHITAKER</div>	<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY <hr/> Date Received <div style="font-size: 2em; opacity: 0.5;">RECEIVED</div> <hr/> BY: _____ Date Hand-delivered or Date Postmarked <div style="font-size: 2em; opacity: 0.5;">NO</div> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed		Date imaged			
Receipt #	Amount										
Date Processed											
Date imaged											
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 77902-1266										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 573-0821										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>GAYLA</u> <u>W</u> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">WHITAKER</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 N. WHEELER VICTORIA, TX 77901										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 578-8095										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2007 THROUGH 06 / 30 / 2007										
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 01 / 01 / 2007 </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 01 / 01 / 2007	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 01 / 01 / 2007	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE OFFICE HELD (if any) JUSTICE PEACE, PRECINCTS	13 OFFICE SOUGHT (if known)										
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. **

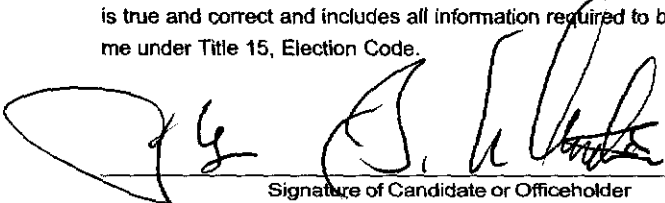
<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,550 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,150 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,235.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,387.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,600 ⁰⁰

19 AFFIDAVIT

GLORIA A. PENA
Notary Public, State of Texas
My Commission Expires
APRIL 9, 2011

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GLORIA A PENA, this the 3 day of JULY, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Gloria A. Peña
Printed name of officer administering oath

Gloria A. Peña
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: 6	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEAL SCOTT BRADY	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID H. ROBINSON, JR	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/07	Contributor address; City; State; Zip Code PO BOX 4809 VICTORIA, TX 77903	250⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON STERNE, DDS	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/07	Contributor address; City; State; Zip Code 2506 E MOCKINGBIRD VICTORIA, TX 77904	100⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RENTIST		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEROME BROWN	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/15/07	Contributor address; City; State; Zip Code PO BOX 1667 VICTORIA, TX 77902	200⁰⁰	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		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)	

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 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission files)

4 Date

3/3/07

5 Full name of contributor out-of-state PAC (ID#: _____)

JAY CLIBURN

6 Contributor address; City; State; Zip Code

2901 N DE LEON
VICTORIA, TX 77901

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

BUSINESS

10 Employer (See Instructions)

Date

2/21/07

Full name of contributor out-of-state PAC (ID#: _____)

DIETZ & REESE

Contributor address; City; State; Zip Code

PO BOX 841
CULRO, TX 77954

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEYS

Employer (See Instructions)

Date

1/5/07

Full name of contributor out-of-state PAC (ID#: _____)

TREAS - TX ASSOCIATION OF REALTORS

Contributor address; City; State; Zip Code

PO BOX 2246
AUSTIN, TX 78768-2246

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/07

Full name of contributor out-of-state PAC (ID#: _____)

ROBERT J. HEWITT, DR.

Contributor address; City; State; Zip Code

ONE O'CONNOR PLAZA, SUITE 1100
VICTORIA, TX 77901

Amount of contribution (\$)

500⁰⁰
250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

RANCH BANKING

Employer (See Instructions)

Date

2/28/07

Full name of contributor out-of-state PAC (ID#: _____)

ROBERT J. HEWITT

Contributor address; City; State; Zip Code

ONE O'CONNOR PLAZA, SUITE 1100
VICTORIA, TX 77901

Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

RANCH BANKING

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 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/28/07

5 Full name of contributor

 out-of-state PAC (ID#: _____)

MARK P. McNEILL

6 Contributor address; City; State; Zip Code

102 CALLE RICARDO
VICTORIA, TX 77901

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

BUSINESS

10 Employer (See Instructions)

Date

3/1/07

Full name of contributor

 out-of-state PAC (ID#: _____)

WARREN ACKER

Contributor address; City; State; Zip Code

118 N. MAIN
VICTORIA, TX 77901

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS

Employer (See Instructions)

Date

2/28/07

Full name of contributor

 out-of-state PAC (ID#: _____)

DON TRUMAN

Contributor address; City; State; Zip Code

1507 N. BEN JORDAN
VICTORIA, TX 77901

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MOVING / STORAGE

Employer (See Instructions)

Date

3/1/07

Full name of contributor

 out-of-state PAC (ID#: _____)

VERNON N. PEASER, JR

Contributor address; City; State; Zip Code

202 PECAN
VICTORIA, TX 77905

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED ATTORNEY

Employer (See Instructions)

Date

3/1/07

Full name of contributor

 out-of-state PAC (ID#: _____)

DARWIN KOENNING

Contributor address; City; State; Zip Code

708 ANGUS
VICTORIA, TX 77909

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(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

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**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

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/07

5 Full name of contributor out-of-state PAC (ID#: _____)

ROBERT S. BROWN

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2201 N DELEON
VICTORIA, TX 77901

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

3/7/07

Full name of contributor out-of-state PAC (ID#: _____)

DONALD JANIS

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

208 S DELEON
VICTORIA, TX 77901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MANAGER FORMOSA

Employer (See Instructions)

Date

3/8/07

Full name of contributor out-of-state PAC (ID#: _____)

E. P. SALAS

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2209 N. LAURENT
VICTORIA, TX 77901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BALL BONOS

Employer (See Instructions)

Date

3/3/07

Full name of contributor out-of-state PAC (ID#: _____)

BYRON BENTON

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO BOX 925929
HOUSTON, TX 77292

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BALL BONOS

Employer (See Instructions)

Date

3/8/07

Full name of contributor out-of-state PAC (ID#: _____)

RICHARD T. CHAPMAN

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

ONE O'CONNOR PLAZA, ~~11th~~ 11th
FLOOR
VICTORIA, TX 77901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

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 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REY L. RASLEY, JR	7 Amount of contribution (\$) 150⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 302 W FORREST VICTORIA, TX 77901	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3/2/07 BETTE-JO BUNKER	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8607 N. NAVARRO, SUITE M VICTORIA, TX 77909	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE / INVESTMENTS		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3/8/07 RICHARD T. CHAPMAN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code PO BOX 1769 VICTORIA, TX 77902	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3/8/07 BRUCE LPPINGER	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 109 WADE DR VICTORIA, TX 77909	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE - INVESTMENT		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3/8/07 GEORGE C. STATEIN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 301 LANTANA VICTORIA, TX 77901	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ARCHITECT		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 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/07

5 Full name of contributor

 out-of-state PAC (ID#: _____)

GARLAND SANDTOP, JR

6 Contributor address; City; State; Zip Code

PO BOX 2387
VICTORIA, TX 77902-2387

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEY / CPA

10 Employer (See Instructions)

SELF

Date

3/18/07

Full name of contributor

 out-of-state PAC (ID#: _____)

DR JAMES R. NEUMANN

Contributor address; City; State; Zip Code

301 KINGWOOD FOREST DR.
VICTORIA, TX 77909

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

SELF

Date

3/9/07

Full name of contributor

 out-of-state PAC (ID#: _____)

MARK E ZAFERRO

Contributor address; City; State; Zip Code

205 PASADENA
VICTORIA, TX 77909

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Date

3/8/07

Full name of contributor

 out-of-state PAC (ID#: _____)

RICHARD CISNEROS

Contributor address; City; State; Zip Code

1503 S. LAURENT
VICTORIA, TX 77901

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS

Employer (See Instructions)

Date

3/5/07

Full name of contributor

 out-of-state PAC (ID#: _____)

ROGER F. WELDER

Contributor address; City; State; Zip Code

2906 LOWER MISSION VALLEY RD
VICTORIA, TX 77905

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RANCH, AGRICULTURE

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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/9/07	5 Payee name CHRIS NICHOLSON 6 Payee address; City; State; Zip Code PO BOX 2522, 77902	7 Amount (\$) \$ 549.66
8 Purpose of payment (See instructions regarding type of information required.) (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 1/19/07	Payee name PRICE VIDEO PRODUCTIONS Payee address; City; State; Zip Code	Amount (\$) 700⁰⁰
Purpose of payment (See instructions regarding type of information required.) VIDEO PRODUCTION (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/1/07 1/3/07	Payee name MARTIN PRINTING Payee address; City; State; Zip Code	Amount (\$) 281.16
Purpose of payment (See instructions regarding type of information required.) PRINTING DOOR HANKERS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/1/07 1/3/07	Payee name MARTIN PRINTING Payee address; City; State; Zip Code	Amount (\$) 1,253.29
Purpose of payment (See instructions regarding type of information required.) PRINTING (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

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

4 Date 4/20/07	5 Payee name INSTANT COPY & PRINTING	7 Amount (\$) \$ 444.20
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PRINTING <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/20/07	Payee name CHRIS NICHOLSON	Amount (\$) \$1,800⁰⁰
Payee address; City; State; Zip Code PO Box 2522 VICTORIA, TX 77902		

Purpose of payment (See instructions regarding type of information required.) CONSULTATION <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 4/20/07	Payee name FOSATTI'S DELICATESSEN	Amount (\$) \$ 726.23
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) PARTY CAMPAIGN <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/9/07	Payee name CHRIS NICHOLSON	Amount (\$) \$ 481.44
Payee address; City; State; Zip Code PO BOX 2522, 77902		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED