

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:
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MRS / MR FIRST MI ROBERT B. NICKNAME LAST SUFFIX BOB WHITAKER	OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 25 2010 BY: <i>MW</i> </div> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> 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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 578-8045		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MRS / MR FIRST MI GAYLA W NICKNAME LAST SUFFIX WHITAKER		
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) 578-8045		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 29 / 2010 10 / 22 / 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 2 / 2010		
12 OFFICE	OFFICE HELD (if any) JP3	13 OFFICE SOUGHT (if known) JP3	
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 <hr/> 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 CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 965 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,390 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 50 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,761.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,140.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,800 ⁰⁰

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.

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 25th day of October, 20 10, to certify which, witness my hand and seal of office.

Anna Marie Ortiz ANNA MARIE ORTIZ
Signature of officer administering oath Printed name of officer administering oath 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 4	
2 FILER NAME ROBERT J. WHITAKER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK KLIENECKE	7 Amount of contribution (\$) \$100⁰⁰	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) BROKER		10 Employer (See Instructions)	
Date 10/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT MCKAY	Amount of contribution (\$) \$100⁰⁰	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) ATTORNEY		Employer (See Instructions)	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWN NEEL	Amount of contribution (\$) \$150⁰⁰	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) TEACHER		Employer (See Instructions)	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES BENTON	Amount of contribution (\$) \$250⁰⁰	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) BUSINESSMAN		Employer (See Instructions)	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANES McNEILL	Amount of contribution (\$) \$100⁰⁰	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) BUSINESSWOMAN		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 9	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/6	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE KPPINGER	7 Amount of contribution (\$) \$150⁰⁰	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) BUSINESSMAN		10 Employer (See Instructions)	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE WOOD	Amount of contribution (\$) \$200⁰⁰	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) BUSINESSMAN		Employer (See Instructions)	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COLA SADE	Amount of contribution (\$) \$100⁰⁰	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) RETIRED		Employer (See Instructions)	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONALD JANIS	Amount of contribution (\$) \$100⁰⁰	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) FOREMAN		Employer (See Instructions) FORMOSA	
Date 10/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HENRY GOLDMAN	Amount of contribution (\$) \$75⁰⁰	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) RETIRED		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

3 of 4

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6

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

DON CRAWFORD

6 Contributor address; City; State; Zip Code

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)

ATTORNEY

10 Employer (See Instructions)

Date

10/14

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

JOHN BAGWELL

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$75⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

10/14

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

LISA BOWEN

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

10/14

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

ROBERT E. SEE, DDS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DENTIST

Employer (See Instructions)

Date

10/14

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

GARY W. MUELLER, DDS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$75⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DENTIST

Employer (See Instructions)

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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: 4 OF 4	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MALCOM SUMBERA, DDS	7 Amount of contribution (\$) \$100⁰⁰	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) DENTIST		10 Employer (See Instructions)	
Date 10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIDIE GREENSON	Amount of contribution (\$) \$100⁰⁰	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) HOUSEWIFE		Employer (See Instructions)	
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE KAPINER	Amount of contribution (\$) \$100⁰⁰	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) BUSINESSMAN		Employer (See Instructions)	
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COE, COE & KASLEY	Amount of contribution (\$) \$250⁰⁰	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 10/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE CRANE	Amount of contribution (\$) \$100⁰⁰	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) ATTORNEY		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 10/18/10		5 Payee name MARTIN PRINTING			
6 Amount (\$) \$426.29		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXP		(b) Description (If travel outside of Texas, complete Schedule T) POSTCARDS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/10		Payee name VICTORIA TELEVISION GROUP			
Amount (\$) \$471.75		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/10		Payee name VICTORIA TELEVISION GROUP			
Amount (\$) \$93.50		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/10		Payee name SUNDENLINK MEDIA			
Amount (\$) \$799.75		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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)
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4 Date 9/29/10	5 Payee name MARTIN PRINTING
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6 Amount (\$) \$475.11	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) DOOR HANGERS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/10	Payee name ALLIED ADVERTISING
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Amount (\$) \$769.50	Payee address; City; State; Zip Code 3700 BEANO ROAD SAN ANTONIO, TX 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/10	Payee name CHRIS NICHOLSON
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Amount (\$) \$919.01	Payee address; City; State; Zip Code PO BOX 1057 GALVESTON, TX 77553
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING AND POSTAGE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/10	Payee name CHRIS NICHOLSON
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Amount (\$) \$261.71	Payee address; City; State; Zip Code PO BOX 1057 GALVESTON, TX 77553
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING AND POSTAGE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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