

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)

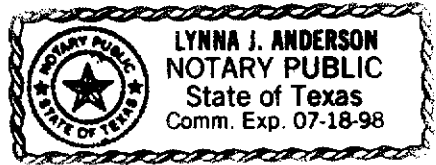
16 SUPPORTING POLITICAL COMMITTEE(S) * This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 905 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,705 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,066.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,319.59
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.



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 10th day of July, 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):
1 OF 9

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

4 Date <u>1/5/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>RAYMOND KLSIK</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>857 LEVI SLOAN ROAD VICTORIA, TX 77904-2855</u>			

9 Contributor's principal occupation UPS DRIVER 10 Contributor's job title
DRIVER

11 Contributor's employer/law firm UNITED PARCEL SERVICE 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <u>2/29/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JUDY GARZA</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>608 CHAMPIONS ROW VICTORIA, TX 77904</u>			

Contributor's principal occupation NURSE Contributor's job title
NURSE

Contributor's employer/law firm PABLO GARZA, M.D. Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <u>2/20/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>GILBERT GARZA, SR</u>	Amount of contribution (\$) <u>150⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>416 PAISANO VICTORIA, TX 77904</u>			

Contributor's principal occupation PROCESS TECHNICIAN Contributor's job title
PROCESS TECHNICIAN

Contributor's employer/law firm B.P. CHEMICALS 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.

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 9	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/14/98	5 Full name of contributor J. DAVID McMAHON <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 503 CHAMPIONS ROW VICTORIA, TX 77909			
9 Contributor's principal occupation ENGINEER		10 Contributor's job title ENGINEER	
11 Contributor's employer/law firm UNION CARBIDE		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 3/30/98	Full name of contributor CATHY HARRIS <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 PASADENA VICTORIA, TX 77901			
Contributor's principal occupation SCHOOL TEACHER		Contributor's job title SCHOOL TEACHER	
Contributor's employer/law firm VICTORIA ISD		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 3/30/98	Full name of contributor ALTON C. BROWN JR. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 2494 VICTORIA, TX 77902			
Contributor's principal occupation RETIRED		Contributor's job title RETIRED	
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)			
<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): 3 OF 4	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/11/98	5 Full name of contributor C. W. ALORN, JR. <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 2879 VICTORIA, TX 77902			
9 Contributor's principal occupation BUSINESS MAN		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 6/2/98	Full name of contributor JOHN McCULLOUGH <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 311 TRACY VICTORIA, TX 77904			
Contributor's principal occupation OPTOMETRIST		Contributor's job title OPTOMETRIST	
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 6/2/98	Full name of contributor JACK DERMIT <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 207 MERLIN VICTORIA, TX 77904			
Contributor's principal occupation RETIRED		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.

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): 4 OF 4	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/2/98	5 Full name of contributor RONALD B. WALKER <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 404 EAST PARK VICTORIA, TX 77901			
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer/law firm WALKER, KEELING & CARROLL		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 6/2/98	Full name of contributor ANDREW CLEMMONS <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 BLOOMINGDALE CIRCLE VICTORIA, TX 77904			
Contributor's principal occupation SURGEON		Contributor's job title SURGEON	
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 6/2/98	Full name of contributor THOMAS A. DAWSON <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 302 WHITE CHURCH LANE VICTORIA, TX 77904			
Contributor's principal occupation CHEMICAL ENGINEER		Contributor's job title PLANT MANAGER	
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)			
<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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/98

5 Payee name

VMC MARKETING

7 Amount (\$)

457.24

6 Payee address; City; State; Zip Code

102 EAST MOCKING BIRD
VICTORIA, TX 77904

8 Purpose of expenditure

ADVERTISING - BUMPER STICKERS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

3/3/98

Payee name

VICTORIA JAYCEES

Amount (\$)

10⁰⁰

Payee address; City; State; Zip Code

2905 E. NORTH
VICTORIA, TX 77901

Purpose of expenditure

ENTRY FEE FOR LIVESTOCK
SHOW PARADE

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

3/23/98

Payee name

VICTORIA BALLET THEATRE

Amount (\$)

50⁰⁰

Payee address; City; State; Zip Code

2508 E. MOCKING BIRD
VICTORIA, TX 77904

Purpose of expenditure

ADVERTISING, SPRING PROGRAM

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

4/20/96

Payee name

POSTMASTER

Amount (\$)

59.82

Payee address; City; State; Zip Code

312 S. MAIN
VICTORIA, TX 77901

Purpose of expenditure

POSTAGE

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / 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 OF 3

2 FILER NAME

ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/25/98

5 Payee name

SAM'S CLUB # 6471

6 Payee address; City; State; Zip Code

9202 N. NAVARRO
VICTORIA, TX 77909

7

Amount
(\$)

79.85

8 Purpose of expenditure

OFFICE SUPPLIES FOR
CAMPAIGN

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

6/9/98

Payee name

KEVIN JORDAN PHOTOGRAPHY

Payee address; City; State; Zip Code

702 MESQUITE CANE
VICTORIA, TX 77901Amount
(\$)

210.31

Purpose of expenditure

CAMPAIGN PHOTOS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

6/16/98

Payee name

JAMIE SMITH

Payee address; City; State; Zip Code

1204 TAOS DRIVE
VICTORIA, TX 77904Amount
(\$)

50.00

Purpose of expenditure

TYPING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

6/18/98

Payee name

KIWANIS CLUB

Payee address; City; State; Zip Code

102 E. MOCKINGBIRD
VICTORIA, TX 77909Amount
(\$)

25.00

Purpose of expenditure

ADVERTISING - SASSAGE DINNER

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / 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:
3 of 3

2 FILER NAME
ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/12/98	5 Payee name FIRST VICTORIA NATIONAL BANK	7 Amount (\$) 70⁰⁰
6 Payee address; City; State; Zip Code P.O. BOX 1338 VICTORIA, TX 77902		

8 Purpose of expenditure PRINTED CHECKS & CHECKBOOK CHARGE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 1/30/98 2/16/98 3/23/98 4/30/98 5/29/98 6/30/98	Payee name FIRST VICTORIA NATIONAL BANK	Amount (\$) 9.00 9.00 9.00 9.00 9.00 9.00
Payee address; City; State; Zip Code P.O. BOX 1338 VICTORIA TX 77902		

Purpose of expenditure MONTHLY BANK SERVICE CHARGE (JAN - JUNE)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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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
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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
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