

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
ROBERT WHITAKER B.			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. BOX 1266 VICTORIA, TX 77902-1266		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
J. DAVID McMAHON			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	503 CHAMPIONS ROW VICTORIA, TX 77909		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	575-2470	
8 REPORT TYPE	<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 JC/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	7	1	98
THROUGH		Month	Day
		9	24
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 3 / 98		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			COUNTY COURT AT LAW #2
13 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			

**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)

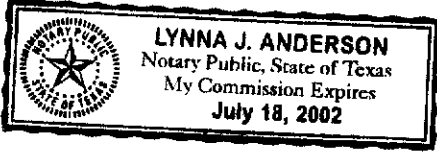
16 SUPPORTING POLITICAL COMMITTEE(S) • This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report 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	\$ 632.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 300.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,617.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 933.22
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 5th day of October, 1998, 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): <u>1/5</u>	
2 FILER NAME <u>ROBERT B. WHITAKER</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>7/21/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>ANN CALHOUN</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>301 BUCKINGHAM VICTORIA, TX 77904</u>			
9 Contributor's principal occupation <u>HOUSEWIFE</u>		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 <u>7/21/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>VALERIA... MOSES</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>TWO CHRIS DEN LANE ADAMS PASS, TX 78336</u>			
Contributor's principal occupation <u>HOUSEWIFE</u>		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)			

Date <u>7/21/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>LOLA SALK BADE</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>700 N. CRAIG VICTORIA, TX 77901</u>			
Contributor's principal occupation <u>HOUSEWIFE</u>		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): 2/5	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/6/98	5 Full name of contributor <input type="checkbox"/> out of state PAC WESLEY L. MILLER	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 2252 VICTORIA, TX 77902			
9 Contributor's principal occupation SOIL SCIENTIST		10 Contributor's job title WETLAND SOIL SPECIALIST	
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 8/12/98	Full name of contributor <input type="checkbox"/> out of state PAC BONNIE MCKAY	Amount of contribution (\$) 100⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 303 LEISURE LANE VICTORIA, TX 77909			
Contributor's principal occupation DOMESTIC ENGINEER		Contributor's job title PRESIDENT	
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 8/20/98	Full name of contributor <input type="checkbox"/> out of state PAC VICTORIA STINMARK FOOTBALL	Amount of contribution (\$) 250⁰⁰	In-kind contribution description(if applicable) (REFUND)
Contributor address; City; State; Zip Code 706 GARDENIA VICTORIA, TX 77904			
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 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): 3/5	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/1/98	5 Full name of contributor <input type="checkbox"/> out of state PAC DON TRUMAN	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 1057 VICTORIA, TX 77902-1057			
9 Contributor's principal occupation TRANSFER & STORAGE		10 Contributor's job title VICE-PRESIDENT	
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 9/9/98	Full name of contributor <input type="checkbox"/> out of state PAC MARK ZAFREO	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 205 PASADENA VICTORIA, TX 77909			
Contributor's principal occupation ACCOUNTANT & OFFICE MANAGER		Contributor's job title ACCOUNTANT	
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 9/17/98	Full name of contributor <input type="checkbox"/> out of state PAC RON SMITH	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code FM 444 N. INEZ, TX			
Contributor's principal occupation CONVENIENCE STORE OWNER		Contributor's job title OWNER	
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 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): 9/5	
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/17/98	5 Full name of contributor <input type="checkbox"/> out of state PAC JON NEW	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 122 CREEKSIDE DR. VICTORIA, TX 77909			
9 Contributor's principal occupation OIL DISTRIBUTOR		10 Contributor's job title THE OWNER	
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 9/17/98	Full name of contributor <input type="checkbox"/> out of state PAC DALE KALINOWSKI	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1227 WESTPARK AVE VICTORIA, TX 77905			
Contributor's principal occupation OFFICE BEARING DISTRIBUTOR		Contributor's job title OFFICE 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)			

Date 9/21/98	Full name of contributor <input type="checkbox"/> out of state PAC LISA BOWEN	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 502 N. CRAIG VICTORIA, TX 77901			
Contributor's principal occupation HOUSEWIFE		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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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): <u>5/5</u>	
2 FILER NAME <u>ROBERT B. WHITAKER</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9/22/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>JACKIE MEYER</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1054 ST HOLCOMAN ROAD PORT LAVACA, TX 77979</u>			
9 Contributor's principal occupation <u>FARM / RANCHING</u>		10 Contributor's job title <u>OWNER / OPERATOR</u>	
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 <u>9/22/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>ROBERT J. HEWITT, JR</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>ONE O'CONNOR PLAZA, SUITE 1100 VICTORIA, TX 77901-6549</u>			
Contributor's principal occupation <u>OIL, GAS, INVESTMENTS</u>		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)			

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: 1/3
2 FILER NAME ROBERT B. WHITAKER		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/6/98	5 Payee name KOPY KING	7 Amount (\$) 592.05
6 Payee address; City; State; Zip Code P.O. BOX 55970 HOUSTON, TX 77255		
8 Purpose of expenditure PRINTING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7/9/98	Payee name POSTMASTER	Amount (\$) 50.23
Payee address; City; State; Zip Code VICTORIA, TX 77902		
Purpose of expenditure POSTAGE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7/22/98	Payee name VICTORIA STINGREE FOOTBALL	Amount (\$) 250⁰⁰
Payee address; City; State; Zip Code 706 GARDENIA VICTORIA, TX 77904		
Purpose of expenditure ADVERTISING (REFUNDED ON 8/20/98)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8/27/98	Payee name ALLIED ADVERTISING	Amount (\$) 1,000⁰⁰
Payee address; City; State; Zip Code 3700 BLANCO ROAD SAN ANTONIO, TX 78212		
Purpose of expenditure ADVERTISING SIGNS		** 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: <u>2/3</u>
2 FILER NAME <u>ROBERT B. WHITAKER</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9/11/98</u>	5 Payee name <u>IDEAS COMPANIES</u> 6 Payee address; City; State; Zip Code <u>P.O. BOX 946 NAPERVILLE, IL 60566</u>	7 Amount (\$) <u>312.20</u>
8 Purpose of expenditure <u>SPECIALTY ADVERTISING</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <u>9/9/98</u>	Payee name <u>ALLIED ADVERTISING</u> Payee address; City; State; Zip Code <u>3700 BLANCO SAN ANTONIO, TX 78212</u>	Amount (\$) <u>484.80</u>
Purpose of expenditure <u>ADVERTISING SIGNS</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <u>9/12/98</u>	Payee name <u>A. T. DIERLANN</u> Payee address; City; State; Zip Code <u>919 N. E. WATER ST. VICTORIA, TX 77901</u>	Amount (\$) <u>54.94</u>
Purpose of expenditure <u>T-POSTS & WIRE</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <u>9/14/98</u>	Payee name <u>POSTMASTER</u> Payee address; City; State; Zip Code <u>VICTORIA, TX 77902</u>	Amount (\$) <u>118.42</u>
Purpose of expenditure <u>POSTAGE</u>		** 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: 3/3

2 FILER NAME ROBERT B. WHITAKER

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/12/98

5 Payee name
LOWE'S
6 Payee address; City; State; Zip Code
8602 N. NAVARRO
VICTORIA, TX 77909

7 Amount (\$)
112.70
~~150.~~

8 Purpose of expenditure
SIGN MATERIALS & SUPPLIES

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

Date
9/20/98

Payee name
LOWE'S
Payee address; City; State; Zip Code
8602 N. NAVARRO
VICTORIA, TX 77909

Amount (\$)
150.29

Purpose of expenditure
SIGN MATERIALS & SUPPLIES

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

Date
9/23/98

Payee name
ALLIED ADVERTISING
Payee address; City; State; Zip Code
3700 BLANCO
SAN ANTONIO, TX 78212

Amount (\$)
491.88

Purpose of expenditure
ADVERTISING SIGNS

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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