

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		MS / MRS / MR	FIRST	MI	OFFICE USE ONLY						
		NICKNAME	LAST	SUFFIX	RECEIVED FEB 28 2006 <i>Margie Hill</i> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX		APT / SUITE #					CITY	STATE	ZIP CODE
		PO BOX 1266							VICTORIA	TX	77902
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER								
		(361)	573-0821								
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI							
		NICKNAME	LAST	SUFFIX							
		W H I T A K I O R									
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								
		(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					
		02 / 01 / 06				02 / 28 / 06					
11 ELECTION		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							
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)						
					JP, PRECINCT #3						
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		-- 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									
		<input type="checkbox"/> additional pages									

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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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

\$ 25⁰⁰

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

\$ 25⁰⁰

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 159.05

CONTRIBUTION BALANCE

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

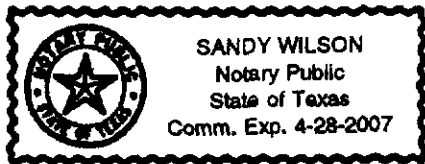
\$ 436.80

OUTSTANDING LOAN TOTALS

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

\$ 400⁰⁰

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 1st day of March, 2006, to certify which, witness my hand and seal of office.

Sandy Wilson
Signature of officer administering oath

Sandy Wilson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

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

4 Date <u>2/24/06</u>	5 Payee name <u>U.S. POSTMASTER</u> OFFICE DEPOT	7 Amount (\$) <u>88.20</u>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <u>POSTAGE - MAILOUT</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	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

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 2/19/06	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 5106 N. NAVARRO VICTORIA, TX 77901 7 Purpose of expenditure (See instructions regarding type of information required.) PAPER & ENVELOPES	8 Amount (\$) 50.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/24/06	Payee name VICTORIA COUNTY ELECTION ADMIN. OFFICE Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) PUBLIC INFORMATION	Amount (\$) 20⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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