

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 / <input checked="" type="radio"/> MR FIRST MI <i>Robert B.</i> NICKNAME LAST SUFFIX <i>Bob Whitaker</i>	OFFICE USE ONLY Date Received RECEIVED OCT 04 2010 BY: <i>M. J. ...</i> Date Hand Delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 1266 Victoria, TX 77902-1266</i>	Receipt #	Amount
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 578.8045</i>	Date Processed	
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="radio"/> MRS / MR FIRST MI <i>Gayla W.</i> NICKNAME LAST SUFFIX <i>Whitaker</i>	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>201 N. Wheeler Victoria Tx 77901</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 578.8045</i>		
9 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 C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 01 / 2010 9 / 23 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 02 / 2010</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>JP 3</i>	13 OFFICE SOUGHT (if known) <i>JP 3</i>	
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 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	\$ 920 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5820 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 155 ⁵⁸
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,627.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,972.00
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

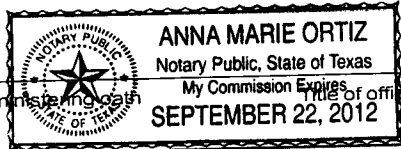
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert B. Whitaker, this the 4th day of Oct., 20 10, to certify which, witness my hand and seal of office.

Anna Marie Ortiz
Signature of officer administering oath

Printed name of officer administering oath: Anna Marie Ortiz

My Commission Expires SEPTEMBER 22, 2012



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 <i>Robert B. Whitaker</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/2/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Richard Cisneros</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1503 S. Laurent Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Businessman</i>		10 Employer (See Instructions)	
Date <i>7/6/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William F. Moeller</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 3547 Victoria, TX 77903</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>8/20/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ron Friedel</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2302 N. Wheeler Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions)	
Date <i>8/24/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rodney Durham</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>306 S. Main Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		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 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 FILER NAME <i>Robert B. Whitaker</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/27/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ruth & Lewis Williams</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>203 E. Warren Ave. Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>8/27/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dennis Vahalik</i>	Amount of contribution (\$) <i>\$75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1501 N. Vine St. Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/27/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Terry & Martha Carroll</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>507 N. Craig Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>8/27/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Pablo & Judy Garza</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>608 Champions Row Victoria, Tx 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/1/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Don & Liz Janis</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>101 A Maplewood #29 Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supervisor Formosa</i>		Employer (See Instructions) <i>Formosa Plastics</i>	

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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 <i>Robert B. Whitaker</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/1/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>O.F. Jones III</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Drawer E Victoria, TX 77902</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions)	
Date <i>9/2/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tenna & Chris Thompson</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>103 Fairway Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business man</i>		Employer (See Instructions)	
Date <i>9/3/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Alvarez</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>213 Madera Victoria, TX 77905</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions)	
Date <i>9/4/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim & Patty Jenkins</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>213 Navajo Drive Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Education</i>		Employer (See Instructions)	
Date <i>9/4/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Wayne</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2608 N. Laurent Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Businessman</i>		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:	
2 FILER NAME <i>Robert B. Whitaker</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/20/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dr. & Mrs. Robert Brown</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2201 N. DeLeon St Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired Military</i>		10 Employer (See Instructions)	
Date <i>9/20/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vernon Reaser</i>	Amount of contribution (\$) <i>\$750.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>W Hwy 59 Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>9/22/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charlie & DJ Jaynes</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6115 Country Club Drive Victoria, Tx 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)	
Date <i>9/22/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James M. Stokes</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>307 Buena Vista Victoria, Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/22/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Morgan Dunn O'Connor</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 290 Victoria, Tx 77902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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:

2 FILER NAME *Robert B. Whitaker*

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/24/2010

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

Dorothy Alcorn

6 Contributor address; City; State; Zip Code

*26 Meadow View
Victoria, TX 77901*

7 Amount of contribution (\$)
\$100.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/24/2010

Russell Janecka

Contributor address; City; State; Zip Code

*103 Tournament Drive
Victoria, TX 77904*

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Insurance

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/24/2010

Elton & Ann Calhoun

Contributor address; City; State; Zip Code

*203 Willows Way
Victoria, TX 77904*

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/30/2010

George & Connie Filley

Contributor address; City; State; Zip Code

*214 S. Main
Victoria, TX 77901*

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/24/2010

Robert J. Hewitt

Contributor address; City; State; Zip Code

*One O'Connor Plaza, Ste 1100
Victoria, TX 77901*

\$500.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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 FILER NAME

Robert B. Whitaker

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/30/2010

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

Darla & Charles Reithmeier

6 Contributor address; City; State; Zip Code

*206 CreekrIDGE Pr
Victoria, TX 77904*

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor 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)

Date

Full name of contributor 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)

Date

Full name of contributor 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)

Date

Full name of contributor 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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: <i>10R2</i>	2 FILER NAME <i>ROBERT B. WATKINS</i>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/12/10</i>	5 Payee name <i>OUR CASE OF SORROWS</i>		
6 Amount (\$) <i>150⁰⁰</i>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>TABLE RUNNER</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>7/14/10</i>	Payee name <i>ALLIED ADVERTISING</i>		
Amount (\$) <i>173.91</i>	Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (If travel outside of Texas, complete Schedule T)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>7/15/10</i>	Payee name <i>STJ BOOSTER CLUB</i>		
Amount (\$) <i>130⁰⁰</i>	Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>PROGRAM ADV</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>8/17/10</i>	Payee name <i>POSTMASTER</i>		
Amount (\$) <i>88⁰⁰</i>	Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>POSTAGE</i>	Description (If travel outside of Texas, complete Schedule T) <i>STAMPS</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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 of 2	2 FILER NAME ROBERT B. WHITAKER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/3/10	5 Payee name OFFICE DEPOT
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6 Amount (\$) 129.89	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 EXP	(b) Description (If travel outside of Texas, complete Schedule T) PRINTER / COPIER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/17/10	Payee name VISO WARRIORS BOOSTER CLUB
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Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code
----------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) PROGRAM ADL
-------------------------------	---	--

Complete <u>ONLY</u> 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
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED