

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: 6 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| | Mr. Wilton White Jr. | | |
| | OFFICE USE ONLY | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | PO Box 1161 Hempstead Tx. 77445 | | |
| | Date Received | | |
| | Date Hand-delivered or Postmarked | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (979) 826-4719 | | |
| | Date Hand-delivered or Postmarked | | |
| | Receipt # Amount | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| | Mrs. Wilona W. Brown | | |
| | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | 7427 Oakwood Canyon Dr. Cypress, Tx. 77433 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (832) 482-5181 | | |
| 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 checked="" 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 | | Month Day Year |
| | 03 / 05 / 2012 | | THROUGH 06 / 30 / 2012 |
| 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 / 06 / 2012 | | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | | | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Wilton White Jr.

15 ACCOUNT # (Ethics Commission Filers)

16 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.

N/A

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2352.25

CONTRIBUTION
BALANCE

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

\$ 0

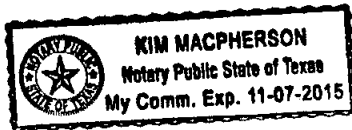
OUTSTANDING
LOAN TOTALS

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.



Wilton White Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wilton White Jr., this the 10th day of July, 20 12, to certify which, witness my hand and seal of office.

Kim MacPherson
Signature of officer administering oath

Kim MacPherson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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: 4 | 2 FILER NAME Wilton White, Jr. | 3 ACCOUNT # (Ethics Commission Filers) N/A |
|---------------------------------------|--|--|

| | |
|---------------------------|---|
| 4 Date 05-07-12 | 5 Payee name NYCE Graphics Printing |
|---------------------------|---|

| | |
|--------------------------------|---|
| 6 Amount (\$) 150.00 | 7 Payee address; City; State; Zip Code 2616 South Loop W- 215 Houston, Tx. 77054 |
|--------------------------------|---|

| | | |
|---------------------------------|--|--|
| 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) N/A |
|---------------------------------|--|--|

| | | | |
|--|--------------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|--|--------------------------------------|---------------|-------------|

| | |
|------------------|---------------------------------|
| Date 05-16-12 | Payee name The Hotline Press |
|------------------|---------------------------------|

| | |
|----------------------|--|
| Amount (\$) 25.00 | Payee address; City; State; Zip Code 1116 Austin Street Hampstead, Tx 77445 |
|----------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|---|--|

| | | | |
|---|--------------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|--------------------------------------|---------------|-------------|

| | |
|------------------|--|
| Date 05-25-12 | Payee name Daystar Publishing, Inc. Times Tribune |
|------------------|--|

| | |
|----------------------|---|
| Amount (\$) 60.38 | Payee address; City; State; Zip Code PO Box 1549 Breakshire, Tx. 77423 |
|----------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|---|--|

| | | | |
|---|--------------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|--------------------------------------|---------------|-------------|

| | |
|------------------|-----------------------------|
| Date 05-31-12 | Payee name Times Tribune |
|------------------|-----------------------------|

| | |
|-----------------------|---|
| Amount (\$) 138.00 | Payee address; City; State; Zip Code PO Box 1549 Breakshire, Tx. 77423 |
|-----------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|---|--|

| | | | |
|---|--------------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | 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: 4 | 2 FILER NAME Wilton White Jr. | 3 ACCOUNT # (Ethics Commission Filers) N/A |
|---------------------------------------|---|--|

| | |
|---------------------------|-------------------------------------|
| 4 Date 06-01-12 | 5 Payee name Samuel Riley |
|---------------------------|-------------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) 200.00 | 7 Payee address; City: State; Zip Code PO Box 2085 Prairie View, TX 77446 |
|--------------------------------|---|

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|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description (If travel outside of Texas, complete Schedule T) N/A |
|--------------------------|---|---|

| | | | |
|---|---|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|-------------------------|------------------------------|
| Date 06-14-12 | Payee name Walmart |
|-------------------------|------------------------------|

| | |
|----------------------------|--|
| Amount (\$) 7.96 | Payee address; City: State; Zip Code 625 Highway 290E Hempstead, TX. 77445 |
|----------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|--|---|

| | | | |
|---|---|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 06-15-12 | Payee name Samuel Riley |
|-------------------------|-----------------------------------|

| | |
|------------------------------|--|
| Amount (\$) 300.00 | Payee address; City: State; Zip Code PO Box 2085 Prairie View, TX. 77446 |
|------------------------------|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|---|---|

| | | | |
|---|---|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|-------------------------|------------------------------------|
| Date 06-18-12 | Payee name Times Tribune |
|-------------------------|------------------------------------|

| | |
|------------------------------|--|
| Amount (\$) 155.25 | Payee address; City: State; Zip Code PO Box 1549 Brookshire, TX. 77423 |
|------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|--|---|

| | | | |
|---|---|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|---|---------------|-------------|

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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: 4 | 2 FILER NAME Wilton White Jr | 3 ACCOUNT # (Ethics Commission Filers) N/A |
| 4 Date 06-25-12 | 5 Payee name The Waller Times | |
| 6 Amount (\$) 88.88 | 7 Payee address; City; State; Zip Code 3323 Main Street Waller, Tx. 77484 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) N/A |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 06-26-12 | Payee name The Hotline Press | |
| Amount (\$) 17.00 | Payee address; City; State; Zip Code 1116 Austin Street Hempstead, Tx. 77445 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 06-27-12 | Payee name Magnets on the Cheap | |
| Amount (\$) 59.78 | Payee address; City; State; Zip Code 11525 B Stonehollow Dr., Suite 220 Austin, Tx. 78758 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |
| Date 06-29-12 | Payee name Signs And More | |
| Amount (\$) 400.00 | Payee address; City; State; Zip Code 45300 Old Houston Hwy Prairie View, Tx. 77446 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) N/A |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought Office held |

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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) |

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| | | | | |
|---|--|---|-------------------------------|---------------|
| 1 Total pages Schedule F: <p style="text-align:center;">4</p> | 2 FILER NAME <p style="text-align:center;">Wilton White Jr.</p> | 3 ACCOUNT # (Ethics Commission Filers) | | |
| 4 Date <p style="text-align:center;">03-05-12</p> | 5 Payee name <p style="text-align:center;">Waller County Democratic Party</p> | | | |
| 6 Amount (\$) <p style="text-align:center;">750.00</p> | 7 Payee address; City; State; Zip Code <p style="text-align:center;">836 Austin Street Hempstead, Tx. 77445</p> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <p style="text-align:center;">Filing Fee</p> | (b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">N/A</p> | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |

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