

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 <i>Whiting, Milton</i> <i>2</i> NICKNAME LAST SUFFIX <i>None</i>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED WALLER COUNTY CLERK ELECTIONS DIVISION 2010 MAR 25 AM 8:52 </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 2125</i> <i>Franklin, TX 77446</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 857-3505</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Whiting, Milton</i> <i>2</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 2125</i> <i>Franklin, TX 77446</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 857-3505</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>2 / 3 / 10</i> <i>3 / 23 / 10</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>4 / 13 / 10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>J.P. - Pet-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: <i>None</i> 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 Milton & Whiting 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. **


<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

18 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 \$50 OR LESS, UNLESS ITEMIZED	\$ 3675.90
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3675.90
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1324.10
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Milton & Whiting
Signature of Candidate or Officeholder



JOANNE GREGORY
Notary Public, State of Texas
My Commission Expires
March 04, 2011

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Milton Whiting, this the 25 day of March, 2010, to certify which, witness my hand and seal of office.

Joanne Gregory Joanne Gregory Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

LOANS **SCHEDULE E**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule E:

2 FILER NAME *Milton S. Whiting* **3** ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$ *5,000.00*

5 Date of loan *1-4-10* **7** Name of lender *First Nat Bank - Bellville* out-of-state PAC (ID#: _____) **9** Loan Amount (\$) *5,000.00*

6 Is lender a financial institution? *Y* **8** Lender address; City; State; Zip Code *P.O. Box 175 - Bellville, TX 77418* **10** Interest rate *4.0*

11 Maturity date *4-18-10*

12 Principal occupation / Job title (See Instructions) *Retired* **13** Employer (See Instructions)

14 Description of Collateral none

15 GUARANTOR INFORMATION not applicable **16** Name of guarantor *Milton S. Whiting* **18** Amount Guaranteed (\$) *100%*

17 Guarantor address; City; State; Zip Code *P.O. Box 2125 - Prairie View, TX 77444*

19 Principal Occupation **20** Employer

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)

Is lender a financial institution? Lender address; City; State; Zip Code Interest rate

Y N Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)

not applicable Guarantor address; City; State; Zip Code

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Milton G. Whiting</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-3-10</i>	5 Payee name <i>Milton G. Whiting</i>	7 Amount (\$) <i>220.54</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 2125 Prairie View, TX 77446</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Gasoline, Campaign</i> (If travel outside of Texas, complete Schedule T)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>2-4-10</i>	Payee name <i>Betsy Ward</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Labour, Campaign</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>2-6-10</i>	Payee name <i>Jap Hardier</i>	Amount (\$) <i>50.00</i>
Payee address; City; State; Zip Code <i>Prairie View, TX 77446</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Political Adv.</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>2-22-10</i>	Payee name <i>Walter Simon</i>	Amount (\$) <i>51.96</i>
Payee address; City; State; Zip Code <i>Waller, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Cash</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office 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 FILER NAME MILTON G. WHITING		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-1-10	5 Payee name William Souell	7 Amount (\$) 300.00
6 Payee address; City; State; Zip Code 509 Ellen Powell Drive Prairie View, TX 77446		
8 Purpose of payment (See instructions regarding type of information required.) Campaign Labor - Internet (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-9-10	Payee name American Express	Amount (\$) 579.95
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Robo Calls (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-11-10	Payee name Waller News & Waller News Oregon	Amount (\$) 56.07
Payee address; City; State; Zip Code Waller News & Waller News, TX		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-23-10	Payee name American Express	Amount (\$) 429.00
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Robo Calls - E. Commerce Service (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED