exas Ethics Commission	n P.O. Box 12070 Austin, Texas 78/11-20/0	(512) 463-5800 (TDD 1-800-735-2989)
	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how to complete this form. 1 ACCOUNT (Ethics Commiss	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MC Wilton NICKNAME LAST	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX 1161 Hampstand Tx. 7	ZPCODE OF
ADDRESS change of address CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked S
OFFICEHOLDER PHONE	(979) B26-4719	Date Processed
6 CAMPAIGN TREASURER NAME	Mrs Wilana U NICKNAME Brown	Date Imaged SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT/SUITE #: CITY: 7427 Dakwood, Canyon Dr. Cy	STATE: ZIPCODE 19ress, Tx. 77433
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 482-5181	
9 REPORT TYPE	July 15 Sth day before election Runoff Sth day before election Exceeded	15th day after campaign treasurer appointment (officeholderonly) \$500 Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year Month	Day Year
COVERED	03/05/2012 THROUGH 06	/30/2012
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Ob/2012	General Special
12 OFFICE	OFFICE HELD (if any)	DUGHT (if known)
	Walle	er County Sheriff

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jilton	White Jr.	15 ACCOUNT # (Ethics Commission Filers)				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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.							
<i>ባ</i> /Ą	COMMITTEE TYPE COMMITTEE TYPE						
	GENERAL	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS					
	3723110						
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI						
	2. TOTAL (OTHER	\$ 0					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$						
	4. TOTAL POLITICAL EXPENDITURES \$2352.25						
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL I	THE \$					
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.							
MIM MACPHERSON Notary Public State of Texas Lucian William Control of Texas							
My Comm. Exp. 11-07-2015 Signature of Candidate or Officeholder							
AFFIX NOTARY STAM	·· -	ماندال معالله المعالمة					
Sworn to and subscribed before me, by the said Wilton White Jr. , this the							
day of July , 20 12 , to certify which, witness my hand and seal of office.							
Kim MacPhelson Kim MacPherson Notary Public							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

(512) 463-5800

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 Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee						
Event Expense Fees	J ,	vel Out Of Dist ce Overhead/R		THER (enter a categor			
	The Instruction Guide exp		• -	, .	or not noted above)		
1 Total pages Schedule F:	2 FILER NAME		-	3 ACCOUNT # (I	Ethics Commission Filers)		
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4 Date	5 Pavee name	JYITE	- 000		154		
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6 Amount (\$)	· ·	_					
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· 1000			•				
- PI/DOCCE	Houston, Tx. 779 (a) Category (See categories listed at the top of the	s schedule)	(b) Description (1)	f travel outside of Texas, co	emplete Schedule T)		
8 PURPOSE OF	a		(ii) Description (ii		improte contended ()		
EXPENDITURE	Printing Expense	,		MA			
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held		
expenditure to benefit C/C	DH 010-						
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	Category (See categories listed at the top of th	s schedule)	Description (II	f travel outside of Texas, co	emplete Schedule T)		
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expenditure to benefit C/C	oh n <i>i</i> Å						
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PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)							
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EXPENDITURE	Advertising Exper	rse		NA			
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held		
expenditure to benefit C/							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
AT IACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement							
Accounting/Banking					ent & Related Expense		
Consulting Expense	Food/Beverage Expense				Contributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of Distr		Candidate/Officeholder/Political Committee			
Fees	Printing Expense	Office Overhead/Ro	ental Expense OT	HER (enter a catego	ory not listed above)		
	The Instruction Guide	explains how to o	complete this form.				
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
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4 Date	5 Payee name	- Rile,	,		_		
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8 PURPOSE OF			(-)(no	A . 4	,		
EXPENDITURE	Related Expense	PINCE T		NA			
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expenditure to benefit C/C	oh nia						
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expenditure to benefit C/C	- A						
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Amount (\$)	Pavee address: City; S	ate; Zip Code	:				
155-25 POBOX 1549 Brookshire, TV. 77423							
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PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If to	ravel outside of Texas, co	emplete Schedule T)		
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EXPENDITURE	Advertising Expe	n se_	<u> </u>	1 / H			
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held		
expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
AT IACH ADDITIONAL COPIES OF THIS SCHEDULE AS REEDED							

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor ising Expense rict ental Expense	Loan Repayment/Rein Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a categ	ent & Related Expense is Made By Ider/Political Committee	
1 Total pages Schedule F:	2 FILER NAME Wilfo,	n White	000	3 ACCOUNT #(Ethics Commission Filers)	
4 Date ' Payee name The Waller 72 mg <						
06-25-12 6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	1-2-	~ ~ ~ ~ ~	•	
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8 PURPOSE OF	(a) Category (See categories listed at the to		(b) Description	(If travel outside of Texas, c	omplete Schedule T)	
EXPENDITURE	Candidate / Officeholder name	15e		MA		
9 Complete ONLY if direct expenditure to benefit C/C			Office sough	ht	Office held	
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EXPENDITURE	Advertising Expe	nse		11 1A		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office sough	ht	Office held	
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06-27-12 Amount (\$)	Payee name Magner	ts 007	The C	heap		
Amount (\$)		ate; Zip Code				
59.78 11525B Stanehallow Dr., Suite 220 Aust: 1, 78.78758						
PURPOSE	Category (See categories listed at the to		Description	(If travel outside of Texas, o	omplete Scheduls T)	
OF EXPENDITURE	Adventising Expe	ense.		NA		
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PURPOSE	Category (See categories listed at the to		Description	(If travel outside of Texas, o	omplete Schedule T)	
OF EXPENDITURE	Advertising Expe	use		D. IA		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office soug	ht	Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By			Equipment & Related Expense onations Made By			
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committed Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			· · · · · · · · · · · · · · · · · · ·			
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 FILER NAME			3 ACCOL	INT # (Ethics Commission Filers)		
4-	Wilton	White	- 3 Ce				
4 Date	5 Payee name	1 . 5		- D. 1	4		
03-05-12	4 Date 5 Payee name Waller County Democratic Party 6 Amount (\$) 7 Payee address; City; State; Zip Code						
750.00 836 Austin Street Hemp Stead, Tx. 77445							
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)		
OF EXPENDITURE	Filing Fee Candidate / Officeholder name						
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Office soug	ht	Office held		
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)		
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Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)		
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	n (If travel outside of	Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office soug	ght	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

EXPENDITURE CATEGORIES FOR BOX 8(a)