

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	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	OFFICE USE ONLY
5 CAMPAIGN TREASURER NAME		TITLE	FIRST
		NICKNAME	LAST
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Received 2-14-2000 lcf
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER
8 REPORT TYPE Decl 2-13-00		EXTENSION	Date Hand-delivered or Date Postmarked
9 PERIOD COVERED		Month	Day
		Year	Year
10 ELECTION		ELECTION DATE	ELECTION TYPE
		Month	Day
		Year	Primary
11 OFFICE		OFFICE HELD (if any)	OFFICE SOUGHT (if known)
13 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

14 C/OH NAME Milton G. Whiting 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)
 .. This listing includes 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
 GENERAL
 SPECIFIC

COMMITTEE NAME
James P. Daniels
 COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
P.O. Box 247, Prairie View, TX 77446

17 NO REPORTABLE ACTIVITY
 Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>1400.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1400.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1536.20</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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 G. Whiting
 Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Milton G. Whiting, this the 14 day of Feb., 2000, to certify which, witness my hand and seal of office.

Sara Hutchinson Signature of officer administering oath
Sara Hutchinson Printed name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME <i>Milton S. Whiting</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-15-00	5 Full name of contributor <i>Steve Elder</i> <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$) 17,00⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1-22-00	Full name of contributor <i>J. H. Beyer</i> <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) #50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-00	Full name of contributor <i>R. E. Carreuther</i> <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-00	Full name of contributor <i>Julis P. Daniels</i> <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 247 - Pine View, TX 77946</i>			
Principal occupation (Optional)		Employer (Optional)	
Date 1-22-00	Full name of contributor <i>Mary F. Black</i> <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: <u>1</u>	
2 FILER NAME <i>Milton K. Whiting</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄⇄⇄⇄⇄			\$
5 Date <i>2/10/00</i>	6 Full name of pledgor <i>Valerie Wilson</i> <input checked="" type="checkbox"/> out-of-state PAC	8 Amount of pledge (\$) <i>50.00</i>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation (optional)		11 Employer (optional)	
Date <i>2/10/00</i>	Full name of pledgor <i>Robert D. Smith</i> <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$) <i>50.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>Smith Street Prairie View, TX 77446</i>			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Milton S. Whiting

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨

\$ - 0 -

5 Date of loan

7 Name of lender

out-of-state PAC

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

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: 1

2 FILER NAME

Milton B. Whiting

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-15-00

Mini-Max Printing

6 Payee address; City; State; Zip Code

P.O. Box 2741 - Prairie View, TX

\$ 250.00

2-7-00

77446

8 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Cards & Plaques

9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Milton B. Whiting

Office sought / held

Co. Comm. Dist. 3

Date

Payee name

Amount (\$)

1/22/00

Signs More

Payee address; City; State; Zip Code

*P.O. Box 206
Prairie View, TX 77446*

~~*\$ 765.00*~~
\$ 498.71

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

Campaign Signs

Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Milton B. Whiting

Office sought / held

Co. Comm. Dist. 3

Date

Payee name

Amount (\$)

2/3/00

Vinyl Graphics

Payee address; City; State; Zip Code

*2430 Main St
Waller, TX 77484*

\$ 86.20

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

Campaign Signs

Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Milton B. Whiting

Office sought / held

Co. Comm. Dist. 3

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Complete if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED