

# 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 <i>Milton</i> NICKNAME	FIRST <i>MILTON</i> LAST	MI <i>S.</i> SUFFIX
	None		
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 - Prairie View, TX 77446</i>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: PHONE NUMBER: EXTENSION: <i>(936) 857-3505 - Home</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Whiting</i> NICKNAME	FIRST <i>MILTON</i> LAST	MI <i>S.</i> SUFFIX
	None		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>P.O. Box 2125 - Prairie View, 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>1 / 4 / 2010    2 / 2 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 2 / 10</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input 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. - Petr-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		

**OFFICE USE ONLY**

Date Received: **2010 FEB -3**

WALLER COUNTY CLERK  
ELECTIONS DIVISION

Date Hand-delivered or Date Postmarked: **AM 10:15**

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 COH NAME MILTON G. 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	\$ 1848.38
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1848.38
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	\$ 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 G. Whiting  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Milton Whiting, this the 3<sup>rd</sup> day of Feb, 20 10, to certify which, witness my hand and seal of office.

Joanne Gregory  
Signature of officer administering oath

Joanne Gregory  
Printed name of officer administering oath

Notary Public  
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 C. WHITNEY

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$ 5,000<sup>00</sup>~~00~~

5 Date of loan

1-4-10

7 Name of lender

FIRST NATL. BANK

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

5,000<sup>00</sup>

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

P.O. Box 187 Bellville, TX 77

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

14 Description of Collateral

none

Personal Guarantee

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

N/A

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Retired

Employer

N/A

**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  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <span style="font-size: 1.5em; margin-left: 100px;">172</span>
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">Milton D. Whiting</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em; margin-left: 10px;">12-15-99</span>	5 Payee name <span style="font-size: 1.2em; margin-left: 10px;">Waller Co. Republican Party</span>	8 Amount (\$)  <span style="font-size: 1.5em; margin-left: 20px;">375.<sup>00</sup></span>
6 Payee address; City; State; Zip Code  <span style="font-size: 1.2em; margin-left: 20px;">Candidates filing fee</span>		
7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <span style="font-size: 1.2em; margin-left: 10px;">1-13-09</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Waller Co. Tax Collector</span>	Amount (\$)  <span style="font-size: 1.5em; margin-left: 20px;">8.<sup>10</sup>/<sub>100</sub></span>
Payee address; City; State; Zip Code  <span style="font-size: 1.2em; margin-left: 20px;">Hempstead, TX</span>		
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <span style="font-size: 1.2em; margin-left: 10px;">1-13-10</span>	Payee name	Amount (\$)  <span style="font-size: 1.5em; margin-left: 20px;">400.<sup>00</sup></span>
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date <span style="font-size: 1.2em; margin-left: 10px;">1-20-10</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">Waller Times</span>	Amount (\$)  <span style="font-size: 1.5em; margin-left: 20px;">97.<sup>97</sup>/<sub>100</sub></span>
Payee address; City; State; Zip Code  <span style="font-size: 1.2em; margin-left: 20px;">Waller, TX</span>		
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date <span style="font-size: 1.2em; margin-left: 10px;">1-22-10</span>	Payee name <span style="font-size: 1.2em; margin-left: 10px;">The Waller Times (Inhouse)</span>	Amount (\$)  <span style="font-size: 1.5em; margin-left: 20px;">118.<sup>50</sup>/<sub>100</sub></span>
Payee address; City; State; Zip Code  <span style="font-size: 1.2em; margin-left: 20px;">Waller, TX</span>		
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  
**232**

2 FILER NAME

**Milton G. Whiting**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**1/27/10**

5 Payee name

**Paul Wood Campaign**

6 Payee address; City; State; Zip Code

**Waller, TX**

8 Amount (\$)

**250.<sup>00</sup>**

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

**1/28/10**

Payee name

**Romer**

Payee address; City; State; Zip Code

**Houston, TX Campaign Mat.**

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

**212.<sup>36</sup>**

Reimbursement from political contributions intended

Date

**2/1/10**

Payee name

**Waldmarts**

Payee address; City; State; Zip Code

**Hempstead, TX Campaign Mat**

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

**187.<sup>44</sup>**

Reimbursement from political contributions intended

Date

**2/2/10**

Payee name

**Sony Walk**

Payee address; City; State; Zip Code

**Hempstead, TX Bahos - Aguilera**

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

**100.<sup>00</sup>**

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED