

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>WHITING</i> FIRST: <i>MILTON</i> MI NICKNAME: <i>None</i> LAST: SUFFIX:	OFFICE USE ONLY RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION 2010 APR 8 AM 10:33	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: <i>P.O. Box 2125</i> CITY; STATE; ZIP CODE: <i>Princeton, TX 77446</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(936)</i> PHONE NUMBER: <i>857-3505</i> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>WHITING</i> FIRST: <i>MILTON</i> MI NICKNAME: LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>P.O. Box 2125</i> CITY; STATE; ZIP CODE: <i>Princeton, TX 77446</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(936)</i> PHONE NUMBER: <i>857-3505</i> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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: <i>3 / 23 / 10</i> THROUGH Month Day Year: <i>4 - 4 / 19 / 10</i>		
11 ELECTION	ELECTION DATE Month Day Year: <i>7 / 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. - Aug 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:		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Milton G. Whiting 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

-- 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. --

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3675.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1324.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

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 8th day of April, 2010, 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 <i>Milton S. Whiting</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>5,000.00</i>
5 Date of loan <i>1-4-10</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>First Nat Bank - Bellville</i>	9 Loan Amount (\$) <i>5,000.00</i>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <i>P.O. Box 1175 - Bellville, TX 77418</i>	10 Interest rate <i>4.0</i>
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		11 Maturity date <i>4-18-10</i>
13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor <i>Milton S. Whiting</i> 17 Guarantor address; City; State; Zip Code <i>P.O. Box 2125 - Prairie View, TX 77444</i>	18 Amount Guaranteed (\$) <i>100%</i>
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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>260.54</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> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>2</i> <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> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-6-10</i>	Payee name <i>Jap Hardien</i>	Amount (\$) <i>58.00</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> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-26-10</i>	Payee name <i>Waller 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> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** 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 (\$) 300⁰⁰
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.) Kobo 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 James Waller news citizen	Amount (\$) 56.07
Payee address; City; State; Zip Code Waller & Hempstead, 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 (\$) 429⁰⁰
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Robotalk - 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		