

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

# 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 LAST NICKNAME SUFFIX	Whiting, Milton None		OFFICE USE ONLY Date Received 2011 SEP 21 PM 1:41 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 2125 Pruittville, TX 77446 <input type="checkbox"/> change of address		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION (936) 857-3505 N/A		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST LAST NICKNAME SUFFIX Whiting, Milton		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 2125 Pruittville, TX 77446		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	AREA CODE PHONE NUMBER EXTENSION (936) 857-3505 N/A		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer/holder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 REPORT TYPE	10 PERIOD COVERED Month Day Year    THROUGH    Month Day Year 10 / 4 / 2010    9 / 22 / 2011		
10 PERIOD COVERED	11 ELECTION ELECTION DATE: Month Day Year    ELECTION TYPE 3 / 2 / 10 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	12 OFFICE OFFICE HELD (if any) None		13 OFFICE SOUGHT (if known)
12 OFFICE	14 NOTICE OF 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: None Address / PO Box, Apt. / Suite #, City, State, Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

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ELECTIONS DIVISION

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

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

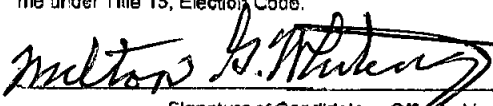
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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	\$ 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 5192.00
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	\$ 0 -

19 AFFIDAVIT

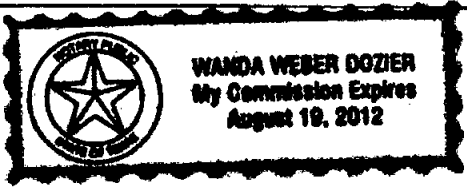
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Milton G. Whiting, this the 21 day of Sept., 20 11, to certify which, witness my hand and seal of office.

Wanda Weber Dozier      Wanda Weber Dozier      Notary  
 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.		<b>1</b> Total pages Schedule E:	
<b>2</b> FILER NAME <i>MILTON C. WHITNEY</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$ <i>5,000<sup>00</sup></i> <del>5,000<sup>00</sup></del>
<b>5</b> Date of loan <i>1-4-10</i>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FIRST NATL. BANK</i>		<b>9</b> Loan Amount (\$) <i>5,000<sup>00</sup></i>
<b>6</b> Is lender a financial Institution? <input checked="" type="radio"/> Y <input type="radio"/> N	<b>8</b> Lender address;   City;   State;   Zip Code <i>P.O. Box 187 Bellville, TX 77</i>		<b>10</b> Interest rate
<b>12</b> Principal occupation / Job title (See Instructions) <i>Retired</i>			<b>11</b> Maturity date
<b>13</b> Employer (See Instructions) _____			
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none <i>Personal Guarantee</i>			
<b>15</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor <i>N/A</i>		<b>18</b> Amount Guaranteed (\$)
<b>17</b> Guarantor address;   City;   State;   Zip Code			<b>19</b> Principal Occupation
<b>19</b> Principal Occupation		<b>20</b> 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 checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address;   City;   State;   Zip Code			Principal Occupation
Principal Occupation <i>Retired</i>		Employer <i>N/A</i>	

**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:
2 FILER NAME <i>Milton S. Whiting</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/26- 2010</i>	5 Payee name <i>Foley Office</i> 6 Payee address; City; State; Zip Code <i>10610 Northmead Ave Houston, TX 77092-18207</i> 7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>229.<sup>48</sup></i>  <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>10/12/10</i>	Payee name <i>Tex Corners</i> Payee address; City; State; Zip Code <i>Hempstead, Tex 77445</i> Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>200.<sup>00</sup></i>  <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>12/1/10</i>	Payee name <i>First Natl. Bank</i> Payee address; City; State; Zip Code <i>P.O. Box 178 Bedford, TX 77418</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Pay - 90 loan</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>75198.<sup>00</sup></i>  <input type="checkbox"/> 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 (\$)   <input type="checkbox"/> 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 (\$)   <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

*Whiting, Milton Jr.*

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Milton Jr. Whiting*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*Milton Jr. Whiting*

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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WALLER COUNTY CLERK  
ELECTIONS DIVISION  
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