

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: <div style="font-size: 2em; text-align: center;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: Milton LAST: Whiting MI: S. SUFFIX:	OFFICE USE ONLY 2012 JUL 23 AM 11:11 WALLER COUNTY CLERK ELECTIONS DIVISION FILED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS (PO BOX): P.O. Box 2125 APT / SUITE #: Prairie View, TX CITY: STATE: TX ZIP CODE: 77446		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: 936 PHONE NUMBER: 857-3505 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: Milton LAST: Whiting MI: S. SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 105 Alongo St CITY: STATE: TX ZIP CODE: 77446 AREA CODE: 936 PHONE NUMBER: 857-3505 EXTENSION:		
8 CAMPAIGN TREASURER PHONE	AREA CODE: 936 PHONE NUMBER: 857-3505 EXTENSION:		
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 (officeholder only) <input checked="" 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: 10 / 1 / 2011 THROUGH Month Day Year: 7 / 23 / 2012		
11 ELECTION	ELECTION DATE: Month Day Year: 7 / 31 / 2012 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): None	13 OFFICE SOUGHT (if known): County Commissioner At-Large	
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: None Address / PO Box; Apt. / Suite #: City; State; Zip Code		
GO TO PAGE 2			

**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)

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. **

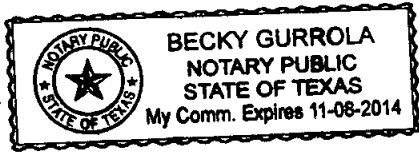
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 615.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 2360.91
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.

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 23rd day of July, 2012, to certify which, witness my hand and seal of office.

Becky Gurrola Signature of officer administering oath
Becky Gurrola Printed name of officer administering oath
Notary Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

Filing Fee

1 Total pages Schedule G: 2 FILER NAME *Milton B. Whiting* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *Oct 2012* 5 Payee name *Waller Co. Republican Party*

6 Amount (\$) *\$ 250.00* 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
Harty, Tex

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Filing Fee* (b) Description (If travel outside of Texas, complete Schedule T)

Date *Apr 20-12* Payee name *Premier Graphics*

Amount (\$) *\$ 825.79* Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
Hareston, Tex

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Campaign Sign* Description (If travel outside of Texas, complete Schedule T) *Campaign Expenses \$1000 or less*

Date *July - April 2012* Payee name *Milton B. Whiting*

Amount (\$) *\$ 615.20* Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
*P.O. Box 2125
Praine View, TX 77946*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED