

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

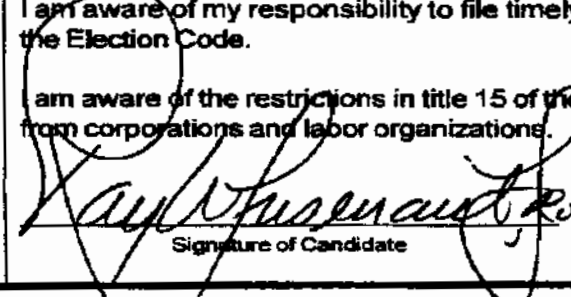
(512) 463-6800

1-800-325-8608

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:
2	CANDIDATE NAME MS / MRS / MR <u>MR</u> FIRST <u>RAYMOND</u> MI <u>O.</u> "RAY" WHISENANT SR. NICKNAME LAST SUFFIX	OFFICE USE ONLY Acct. # Date Received Date Processed Date Imaged
3	CANDIDATE MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 206 GATLIN CREEK ROAD DRIPPING SPRINGS, TX. 78620	FEB 16 2009
4	CANDIDATE PHONE AREA CODE PHONE NUMBER EXTENSION (512) 858-7024	
5	OFFICE HELD (if any) N/A	
6	OFFICE SOUGHT (if known) HAYS CO. COMMISSONER PRECINT 4	
7	CAMPAIGN TREASURER NAME MS / MRS / MR <u>MR</u> FIRST <u>RAYMOND</u> MI <u>O.</u> NICKNAME <u>SR.</u> LAST <u>WHISENANT</u> SUFFIX	
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 206 GATLIN CREEK ROAD DRIPPING SPRINGS, TX. 78620	
9	CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 858-7024	
10	CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate 02/16/09 Date Signed	

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8606

**CANDIDATE MODIFIED
REPORTING DECLARATION****FORM CTA****PG 2**

11 CANDIDATE NAME	RAYMOND O. "RAY" WHISENANT, JR.
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p>-- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</p> <p>-- The modified reporting option is valid for one election cycle only. -- (An election cycle includes a primary election, a general election, and any related runoff.)</p> <p>-- Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting. --</p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Candidate</p>
<p>This appointment is effective on the date it is filed with the appropriate filing authority.</p>	



AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA

PG 1

1 CANDIDATE NAME RAYMOND O. WHISENANT, JR.		2 ACCOUNT #	3 Total pages filed: 2
See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.			
4 CANDIDATE NAME	NEW MS / MRS / MR FIRST MI RAYMOND O. NICKNAME LAST SUFFIX RAY WHISENANT JR.	OFFICE USE ONLY Date Received RECEIVED IN THE MAR 17 2009 ELECTION OFFICE Date Hand-delivered or Date Postmarked Date Processed Date Imaged	
5 CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 206 GATLIN CREEK RD. DRIPPING SPRINGS, TX. 78620		
6 CANDIDATE PHONE	NEW AREA CODE PHONE NUMBER EXTENSION (512) 858-7024		
7 OFFICE HELD (if any)	NEW N/A		
8 OFFICE SOUGHT (if known)	NEW HAYS CO. COMMISSIONER PRECINT 4		
9 CAMPAIGN TREASURER NAME	NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX E. WALLY KINNEY		
10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1034 HIDDEN HILLS DRIVE DRIPPING SPRINGS, TX 78620		
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION (512) 858-4736		
12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p>Ray Whisenant Jr. Signature of Candidate</p> <p>3/17/09 Date Signed</p>		
GO TO PAGE 2			

AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION**FORM ACTA**
PG 2

13 CANDIDATE NAME	
14 MODIFIED REPORTING DECLARATION	<div data-bbox="375 394 435 415">NEW</div> <p data-bbox="435 436 1442 499">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p data-bbox="396 562 1458 625">-- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</p> <p data-bbox="396 709 1396 762">-- The modified reporting option is valid for one election cycle only. -- (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p data-bbox="456 856 1377 1045">I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <div data-bbox="456 1255 1377 1308"><div data-bbox="456 1255 857 1308">_____ Date of election(s) or election cycle to which declaration applies</div><div data-bbox="954 1255 1377 1308">_____ Signature of Candidate</div></div>
<p data-bbox="183 1724 1442 1755">This appointment is effective on the date it is filed with the appropriate filing authority.</p>	



Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

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 file)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MR. RAYMOND O. "RAY" WHISENANT, JR.		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 1007 DRIPPING SPRINGS, TX. 78620		
5 CANDIDATE / OFFICEHOLDER PHONE	(512) 858-7024 N/A		
6 CAMPAIGN TREASURER NAME	MR. E. WALLY KINNEY		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	1034 HIDDEN HILLS DR. DRIPPING SPRINGS, TX. 78620		
8 CAMPAIGN TREASURER PHONE	(512) 858-4736 N/A		
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 - PR)		
10 PERIOD COVERED	02 / 16 / 09 THROUGH 06 / 30 / 09		
11 ELECTION	03 / 02 / 10 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE BOUGHT (if known) HAYS COUNTY COMMISSIONER PRECINCT		
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 expenditures. -- Name Address / PO Box Apt. / Suite # City State Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8506

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

16 C/OH NAME

RAY WHISENANT JR.

16 ACCOUNT # (Ethics Commission #)

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. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pagesCONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 419.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,369.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ ITEMIZED

4. TOTAL POLITICAL EXPENDITURES

\$ 1,944.18

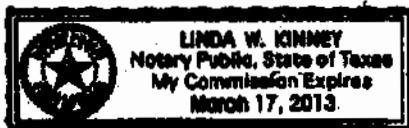
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,424.82

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ — 0 —

AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 16, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RAYMOND O. WHISENANT, JR. this the 10 day
of JULY 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-6606

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission file)

4 Date

6/26/09

5 Full name of contributor

☐ out-of-state PAC (OR)

AARON GLASS

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

12310 TRIPLE CREEK DR.
DRIPPING SPRGS., TX. 78620

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

04/1/09

Full name of contributor

☐ out-of-state PAC (OR)

RAYMOND O. WHISENANT

Amount of contribution (\$)

\$750.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
22501 RR12 DRIPPING SPRGS, TX.
78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

RENTAL PROPERTY - OWNER

Employer (See instructions)

SELF

Date

04/8/09

Full name of contributor

☐ out-of-state PAC (OR)

HERSHELL MURRAY

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
22401 RR12 DRIPPING SPRINGS, TX.
78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

DISABLED VETERAN

Employer (See instructions)

N/A

Date

04/15/09

Full name of contributor

☐ out-of-state PAC (OR)

E. HOWARD JOHNSON

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6400 STONENALL ST. #113E
GREENVILLE, TX. 75402

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

VETERAN - RETIRED

Employer (See instructions)

N/A

Date

5/31/09

Full name of contributor

☐ out-of-state PAC (OR)

CLARENCE & BETTY DEAN COBB

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. BOX 24 DRIPPING SPRINGS, TX.
78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8505

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission file)

4 Date
5/31/095 Full name of contributor ☐ out-of-state PAC (OR)

DAVID EDWARDS

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

9 Contributor address; City; State; Zip Code

4 LAUREL HILL AUSTIN, TX. 78620

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date
5/31/09Full name of contributor ☐ out-of-state PAC (OR)

MR. OR. MRS. J. P. LYLE

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5755 BELL SPRINGS ROAD DRIPPING SPRING, TX. 78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/31/09Full name of contributor ☐ out-of-state PAC (OR)

ERNE & BARBARA SELF

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

950 O'NEILL RANCH RD. DRIPPING SPRING, TX. 78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/31/09Full name of contributor ☐ out-of-state PAC (OR)

HARVEY & PAMELA BELL

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

16401 GOLDENWOOD WAY DRIPPING SPRING, TX. 78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/19/09Full name of contributor ☐ out-of-state PAC (OR)

CHEREE HAMBLIN WHIDON

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 2222 AUSTIN, TX. 78768-2222

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

PROPERTY RENTAL - OWNER

SELF

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 453-5800

1-800-328-8806

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

8

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission file)

4 Date
02/16/095 Payee name
CONNIE M. WHISENANT7 Amount
(\$)

\$20.00

6 Payee address: City, State, Zip Code
206 GATLIN CREEK ROAD
DRIPPING SPRINGS, TX 786208 Purpose of payment (See instructions regarding type of information required.)
ENTRY FEE TO FOUNDER'S DAY
PARADE IN DRIPPING SPRINGS, TX 78620
(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

Payee name

Amount
(\$)

02/18/09

HAYS COUNTY REPUBLICAN PARTY

Payee address: City, State, Zip Code

P.O. BOX 1655
SAN MARCOS, TX. 78667

\$310.00

Purpose of payment (See instructions regarding type of information required.)
TABLE SPONSOR FOR CANDIDATE
AND GUEST TICKETS - ANNUAL DINNER
(If travel outside of Texas, complete Schedule T)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

3/31/09

VISTA PRINT

Payee address: City, State, Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

\$55.63

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN SIGNS, CARDS &
MISC. MATERIALS
(If travel outside of Texas, complete Schedule T)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

04/20/09

WHISENANT & LYLE WATER SERVICES, INC.

Payee address: City, State, Zip Code

P.O. BOX 525 DRIPPING SPRINGS, TX. 78620

\$111.45

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN FLAGS AND BANNERS
PURCHASE WITH VISA CREDIT CARD - THIS
WAS A REIMBURSEMENT ONLY.
(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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (State Commission Use)

4 Date

5 Payee name

7

Amount

(\$)

4/21/09

BROADWAY BANK

\$ 92.28

6 Payee address: City, State, Zip Code

P.O. BOX 17001 SAN ANTONIO, TX 78217-0001

8 Purpose of payment (See instructions regarding type of information required.) EXPENSES TO OPEN CHECKING ACCOUNT, CHECKS & DEBIT CARD
(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

Payee name

Amount

(\$)

04/22/09

VISTA PRINT

\$ 69.26

Payee address: City, State, Zip Code

1036 W 23RD ST. TEMPE, AZ 85282

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS, CARDS AND MISC. CAMPAIGN MATERIALS
(If travel outside of Texas, complete Schedule T)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount

(\$)

05/01/09

VISTA PRINT

\$ 4.99

Payee address: City, State, Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

Purpose of payment (See instructions regarding type of information required.) WEBSITE HOSTING FEE
(If travel outside of Texas, complete Schedule T)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount

(\$)

05/05/09

VISTPRINT

\$ 39.98

Payee address: City, State, Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGN, CARDS AND MISC. CAMPAIGN MATERIALS
(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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-326-8508

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

06/09/09 VISTAPRINT

6 Payee address: City: State: Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

\$ 7.13

8 Purpose of payment (See instructions regarding type of information required.) MISCELLANEOUS CAMPAIGN MATERIALS AND SHIPPING.

(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

Payee name

Amount
(\$)

06/24/09 FLORES MEXICAN RESTUARANT

Payee address: City: State: Zip Code

2440 E. HWY. 290 DRIAPING SPRINGS, TX. 78620

\$ 59.00

Purpose of payment (See instructions regarding type of information required.) SNACK EXPENSES FOR STEERING COMMITTEE MEETING.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

06/24/09 WIMBERLEY CHAMBER OF COMMERCE

Payee address: City: State: Zip Code

14100 RANCH ROAD 12 WIMBERLEY, TX. 78676

\$ 75.00

Purpose of payment (See instructions regarding type of information required.) BALANCE OF ENTRY FEE FOR WIMBERLEY JULY 4, 2009 PARADE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

6/24/09 VISTAPRINT

Payee address: City: State: Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

\$ 9.98

Purpose of payment (See instructions regarding type of information required.) WEBSITE HOSTING FEE

(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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission Item)

4 Date

05/05/09

5 Payee name

U.S. POSTAL SERVICE

6

Amount
(\$)

\$ 34.00

8 Payee address:

City:

State:

Zip Code:

300 MERCER ST. DRIPPING SPRINGS, TX. 78620

9 Purpose of payment (See instructions regarding type of information required.)

POSTAGE FOR CAMPAIGN MAILINGS.

(If travel outside of Texas, complete Schedule T)

10 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/06/09

Payee name

VISTA-PRINT

Payee address:

City:

State:

Zip Code:

1036 W. 23RD ST. TEMPE, AZ 85282

Amount
(\$)

\$ 6.15

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

MISCELLANEOUS CAMPAIGN MATERIALS AND SHIPPING

(If travel outside of Texas, complete Schedule T)

11 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/20/09

Payee name

HOBBY LOBBY

Payee address:

City:

State:

Zip Code:

4040 S. LAMAR BLVD. AUSTIN, TX 78704

Amount
(\$)

\$ 6.47

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

CAMPAIGN DECORATIONS

(If travel outside of Texas, complete Schedule T)

12 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/20/09

Payee name

BEST DECAL

Payee address:

City:

State:

Zip Code:

1036 W. 23RD ST. TEMPE, AZ 85282

Amount
(\$)

\$ 199.99

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

BUMPER STICKERS AND SHIPPING

(If travel outside of Texas, complete Schedule T)

13 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction booklet explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission file)

4 Date

05/19/09

5 Payee name

U.S. POSTAL SERVICE

6

Amount
(\$)

\$ 36.00 ✓

6 Payee address; City; State; Zip Code

300 W. MERCER ST. DRIPPING SPRINGS, TX.
78620

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

CAMPAIGN POSTAGE FOR MAILINGS.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/21/09

Payee name

HOLLY MEDIA

Payee address; City; State; Zip Code

P.O. BOX 49 WIMBERLEY, TX. 78676

Amount
(\$)

\$ 190.00 ✓

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

NEWSPAPER AD TO ANNOUNCE CANDIDACY.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/23/09

Payee name

VISTA PRINT

Payee address; City; State; Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282Amount
(\$)

\$ 9.98 ✓

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

MONTHLY WEBSITE HOSTING FEE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/26/09

Payee name

H.E.B.

Payee address; City; State; Zip Code

5800 W. SLAUGHTER LANE AUSTIN, TX
78749Amount
(\$)

\$ 40.16 ✓

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

SNACKS FOR SPEEDING COMMITTEE MEETING

(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

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8608

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHESENANT, JR.

3 ACCOUNT # (Enter Commission file)

4 Date

5 Payee name

6

Amount

05/26/09

PARTY CITY

Payee address: City, State, Zip Code

5601 BROADIE LANE AUSTIN, TX.
78745

\$ 21.03

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

CAMPAIGN DECORATIONS.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount

05/31/09

FLORES MEXICAN RESTAURANT

Payee address: City, State, Zip Code

2440 E. HWY 290 DRIPPING SPRINGS, TX.
78620

\$ 150.00

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

CAMPAIGN ANNOUNCEMENT

"MEET & GREET" REFRESHMENTS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

05/31/09

FLORES MEXICAN RESTAURANT

Payee address: City, State, Zip Code

2440 E. HWY. 290 DRIPPING

\$ 110.00

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

CAMPAIGN ANNOUNCEMENT

DINNER EXPENSES - 7 INDIVIDUALS OTHER THAN CANDIDATE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

06/1/09

VISTAPRINT

Payee address: City, State, Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

\$ 49.99

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

CAMPAIGN SIGNS, CARDS AND

MISC. MATERIALS.

(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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5500 1-800-325-6506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (State Commission filers)

4 Date

6/11/09

5 Payee name

CAPITOL ROBBER STAMP

6 Payee address: City: State: Zip Code

3314 S. CONGRESS AVE. AUSTIN, TX.
78704

7

Amount
(\$)

\$ 102.84

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

CAMPAIGN NAME TAGS FOR
CANDIDATE AND STEERING COMMITTEE
(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

06/03/09

Payee name

WIMBERLEY CHAMBER OF COMMERCE

Payee address: City: State: Zip Code

14100 RANCH ROAD 12 WIMBERLEY, TX.
78676Amount
(\$)

\$ 25.00

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

PARADE ENTRY FEE FOR JUNE
2009 WIMBERLEY PARADE.
(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

06/09/09

Payee name

TERRY'S VILLAGE

Payee address: City: State: Zip Code

P.O. BOX 2308 OMAHA, NE 68103

Amount
(\$)

\$ 58.94

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

CAMPAIGN MATERIALS FOR
WIMBERLEY PARADE - JULY 4, 2009
(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

06/09/09

Payee name

VISTAPRINT

Payee address: City: State: Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

Amount
(\$)

\$ 39.50

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

CAMPAIGN SIGNS, CARD AND
MISC. MATERIALS.
(If travel outside of Texas, complete Schedule T)9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-328-6508

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission file)

4 Date

06/24/09

5 Payee name

CONNIE M. WHISENANT

6 Payee address:

City: State: Zip Code

206 GATLIN CREEK RD.
DRIPPING SPRINGS, TX. 78620

7

Amount

(\$)

\$ 39.98

8 Purpose of payment (See instructions regarding type of information required.)
 RETIMBERS FOR CASH USED TO PAY
 CASH ONLY LUNCHEON WITH DON MONTAGUE
 FOR CAMPAIGN ADVISE.
 (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

06/08/09

Payee name

TARGET

Payee address:

City: State: Zip Code

SAN MARCOS, TX. 78666

Amount

(\$)

\$ 8.65

Purpose of payment (See instructions regarding type of information required.)
 CAMPAIGN "THANK YOU" CARDS
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address:

City: State: Zip Code

Amount

(\$)

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

Payee name

Payee address:

City: State: Zip Code

Amount

(\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**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:**

16

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

MR. RAYMOND O.

NICKNAME

LAST

SUFFIX

"RAY" WHISENANT, JR.

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX:

APT / SUITE #

CITY:

STATE:

ZIP CODE

P.O. BOX 1007 DRIPPING SPRING,
TEXAS 78620☐ Change of Address**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 858-7024

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

MR. EUGENE W.

NICKNAME

LAST

SUFFIX

"WALLY" KINNEY

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #

CITY:

STATE:

ZIP CODE

1034 HIDDEN HILLS DR. DRIPPING SPRINGS, TX. 78620

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 858-4736

9 REPORT TYPE

January 15



30th day before election



Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

7 / 1 / 2009

THROUGH

Month

Day

Year

12 / 31 / 2009

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 2 / 10

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HAYS COUNTY COMMISSIONER PCT. 4

**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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

RAYMOND O. "RAY" WHISENANT, JR.

16 ACCOUNT # (Ethics Commission Files)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5,791.50EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

ITEMIZED

4. TOTAL POLITICAL EXPENDITURES

\$

5,400.49CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

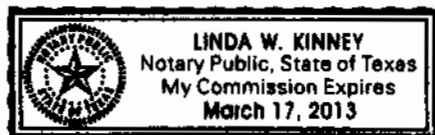
\$

1,374.33OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

467.72

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Raymond O. Whisenant, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RAYMOND O. WHISENANT, JR. this the 13th day
of JANUARY, 20 10, to certify which, witness my hand and seal of office.

Linda W. Kinney
Signature of officer administering oath

LINDA W. KINNEY
Printed name of officer administering oath

NOTARY
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/2/09

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

WILLIAM A. GALLEGARI

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

26102 FM 529 KATY, TX. 77493

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/2/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

ROGER & PAM DURDEN

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

160 STRATTON COURT AUSTIN, TX 78737

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

JAMES K. SKIPTON III

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

7890 N. HWY 290 DRIPPING SPRGS., TX 78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

JOE J. VICKERS

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

250 CROSSROADS DR., DRIPPING SPRGS. TX. 78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/2/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

UNIDENTIFIED DONOR

Amount of contribution (\$)

\$100.00
(CASH)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

UNKNOWN

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME RAYMOND O. WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/2/09 (RECEIVED)	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) AMANDA C. & DOUGLAS J. GOSS	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 30 LONE OAK TRAIL SUNSET VALLEY, TX. 78745-2610		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/2/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) THOMAS E. & SALLY M. STAUDT	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1546 COX ROAD BLANCO, TX. 78606		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DONNA OR DAVID INMAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 12214 TRIPLE CREEK DR. DRIPPING SPRINGS, TX. 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/06/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) H.C. CARTER dba CARTER INVESTMENTS	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. BOX 249 DRIPPING SPRINGS, TX. 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN C. & SHELLEY M. COBB	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 31300 RR 12 DRIPPING SPRINGS, TX. 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/14/09

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

RICHARD REYNOLDS

7 Amount of contribution (\$)

\$100.00
(CASH)

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

JULY 2, 2009

Full name of contributor

☐ out-of-state PAC (ID# _____)

ROBBY CALEGARI

Contributor address; City; State; Zip Code

12220 TRIPLE CREEK
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$384.14

In-kind contribution description (if applicable)

\$384.14
HOSTED A MEET
& GREET @ RES.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

NELSON M. "MIKE" DAVIDSON, JR.

Contributor address; City; State; Zip Code

22511 RANCH ROAD 12
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

TONY CHAMNESS

Contributor address; City; State; Zip Code

P.O. BOX 593
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/09/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

RAYMOND O. WHISENANT, SR.

Contributor address; City; State; Zip Code

22501 RR12
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/23/09

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

CHARLES TURNER

6 Contributor address; City; State; Zip Code

26450 R.R. 12
DRIPPING SPRINGS, TX. 78620

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/23/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

SANDRA OR GARY HALE

Contributor address; City; State; Zip Code

902 OAK MEADOW DR.
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

DENNIS D. DEMENT

Contributor address; City; State; Zip Code

101 HAYS ST. #408
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

GARY D. GARNETT

Contributor address; City; State; Zip Code

P.O. BOX 92
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/09

Full name of contributor

☐ out-of-state PAC (ID# _____)

E. WALLY & LINDA KINNEY

Contributor address; City; State; Zip Code

1034 HIDDEN HILLS DR.
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$)

57.36

In-kind contribution description (if applicable)

POLITICAL CAMPAIGN FLYERS \$57.36

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME RAYMOND O. WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 467.⁷²	
5 Date of loan 12/1/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) RAYMOND O. WHISENANT, JR.		9 Loan Amount (\$) 467.⁷²
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO BOX 1007 D.S. TX. 78620		10 Interest rate _____
12 Principal occupation / Job title (See Instructions)		11 Maturity date 12/1/10	
13 Employer (See Instructions)			
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
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)		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	
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: 9

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date
07/07/09

5 Payee name

U.S. POSTAL SERVICE

7 Amount (\$)

\$ 44.00

6 Payee address; City; State; Zip Code

300 MERCER ST.
DRIPPING SPRINGS, TX. 78620

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

CAMPAIGN POSTAGE

(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

Payee name

Amount (\$)

07/25/09

DRIPPING SPRINGS HIGH SCHOOL ATHLETIC BOOSTER

Payee address; City; State; Zip Code

P.O. BOX 694
DRIPPING SPRINGS, TX. 78620

\$ 150.00

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

FULL PAGE AD IN 2009 FOOTBALL PROGRAM

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

07/27/09

VISTA PRINT

Payee address; City; State; Zip Code

1036 W. 23RD ST. TEMPE, AZ 85282

\$ 83.29

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

CAMPAIGN "PUSH" CARDS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

07/28/09

FRIENDS FOUNDATION

Payee address; City; State; Zip Code

P.O. BOX 8
DRIPPING SPRINGS, TX. 78620

\$ 250.00

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

SILVER SPONSORSHIP - ANNUAL FUNDRAISER

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **9**

2 FILER NAME

RAYMOND D. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/24/09

5 Payee name

VISTA PRINT

6 Payee address; City; State; Zip Code

**1043 W. 23 RD ST
TEMPE, AZ 85282**

7 Amount (\$)

\$ 9.90

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

MONTHLY WEB-SITE HOST FEE

(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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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: **9**

2 FILER NAME
RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date
08/10/09

5 Payee name
FLORES MEXICAN RESTAURANT

7 Amount (\$)
\$80.00

6 Payee address; City: State: Zip Code
**2440 E. Hwy 290
DRIPPING SPRINGS, TX. 78620**

8 Purpose of payment (See instructions regarding type of information required.)
STEERING COMMITTEE MEAL @ MTG.
(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
08/13/09

Payee name
GARY CUTLER CAMPAIGN FUND - GOLF TOURNEY
Payee address; City: State: Zip Code
**P.O. BOX 204
DRIFTWOOD, TX. 78619**

Amount (\$)
\$100.00

Purpose of payment (See instructions regarding type of information required.)
GOLF HOLE SPONSORSHIP
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
8/24/09

Payee name
VISTA PRINT
Payee address; City: State: Zip Code
**1036 W. 23RD ST.
TEMPE, ARIZONA 85282**

Amount (\$)
\$9.98

Purpose of payment (See instructions regarding type of information required.)
WEBSITE MONTHLY FEE
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
8/25/09

Payee name
PRINT A US
Payee address; City: State: Zip Code
**400-A HWY 290 W
DRIPPING SPRINGS, TX. 78620**

Amount (\$)
292.28

Purpose of payment (See instructions regarding type of information required.)
BOMPER STICKERS
(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **9**

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/25/09

5 Payee name

VISTAPRINT

7 Amount (\$)

28.64

6 Payee address; City; State; Zip Code

**1036 W. 23RD ST.
TEMPE, AZ. 85282**

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

CAMPAIGN SUPPLIES

(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

8/27/09

Payee name

M T PROMOS

Amount (\$)

362.64

Payee address; City; State; Zip Code

**8106 TUSCARORA TRAIL UNIT A
AUSTIN, TX. 78729**

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

RALLY FANS - D.S. TIGERS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/07/09

Payee name

DRIPPING SPRINGS HELPING HANDS

Amount (\$)

100.00

Payee address; City; State; Zip Code

**P.O. BOX 804
DRIPPING SPRINGS, TX. 78620**

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

CHAMPIONS FOR THE EMPTY BOWL '09

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/14/09

Payee name

OFFICE DEPOT

Amount (\$)

48.81

Payee address; City; State; Zip Code

**5300 MOORE EXP. S. #101 STORE #4117
AUSTIN, TX. 78749**

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

PRINTER PAPER -

(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

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME
RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>09/21/09</u>	5 Payee name <u>DISCOUNT FAVORS</u>	7 Amount (\$) <u>376.45</u>
6 Payee address; City; State; Zip Code <u>6108 VILLAGE OAKS DR. #C</u> <u>PENSACOLA, FL 32504</u>		

8 Purpose of payment (See instructions regarding type of information required.)
TIGER FOAM FINGER RALLY GRIPPERS
(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 <u>09/24/06</u>	Payee name <u>VISTA PRINT</u>	Amount (\$) <u>9.90</u>
Payee address; City; State; Zip Code <u>1036 W. 23RD ST.</u> <u>TEMPE, AZ 85282</u>		

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 <u>09/29/09</u>	Payee name <u>CONNIE M. WHISENANT (REIMBURSEMENT BY CHECK #1014)</u>	Amount (\$) <u>39.24</u>
Payee address; City; State; Zip Code <u>206 GATLIN CREEK RD.</u> <u>DRIPPING SPRINGS, TX. 78620</u>		

Purpose of payment (See instructions regarding type of information required.)
STEERING COMMITTEE HIGHPOINTE MEETING GREET.
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date <u>9/29/09</u>	Payee name <u>SAM'S CLUB</u>	Amount (\$) <u>15.94</u>
Payee address; City; State; Zip Code <u>4970 HWY 290 W.</u> <u>AUSTIN, TX. 78735</u>		

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

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: 9	
2 FILER NAME RAYMOND O. WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/09	5 Payee name H. E. B.	7 Amount (\$) 73.57	
6 Payee address; City; State; Zip Code 5800 W. SLAUGHTER LANE AUSTIN, TX. 78749			
8 Purpose of payment (See instructions regarding type of information required.) (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 09/30/09	Payee name CONNIE M. WHISENANT REIMBURSEMENT BY - CHECK #1016	Amount (\$) 64.00	
Payee address; City; State; Zip Code 206 GATLIN CREEK ROAD DRIPPING SPRINGS, TX. 78620			
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN LUNCH: HCCARTER, WALLY ELINDA KINNEY & RAY W. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/26/09	Payee name VISTA PRINT	Amount (\$) 9.98	
Payee address; City; State; Zip Code 1036 W. 23RD ST. TEMPE, AZ 85282			
Purpose of payment (See instructions regarding type of information required.) MONTHLY WEBSITE HOSTING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/6/09	Payee name GRAPEVINE SIGNS	Amount (\$) 2,610.55	
Payee address; City; State; Zip Code DRIPPING SPRINGS, TX. 78620			
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS (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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **9**

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/07/09

5 Payee name

REPUBLICAN PARTY OF TEXAS

7 Amount (\$)

\$ 25.00

6 Payee address; City; State; Zip Code

**1108 LAVACA ST. SUITE 500
AUSTIN, TX. 78701**

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

CANDIDATE TRAINING

(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

11/11/09

Payee name

DRIPPING SPRINGS ROTARY CLUB

Amount (\$)

\$ 100.00

Payee address; City; State; Zip Code

**P.O. BOX 1033
DRIPPING SPRINGS, TX. 78620**

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

VETERANS DAY TRIBUTE - SILVER SPONSOR

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/24/09

Payee name

VISTA - PRINT

Amount (\$)

\$ 9.98

Payee address; City; State; Zip Code

**1036 W. 23RD ST.
TEMPE, AZ 85282**

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

MONTHLY WEB PAGE HOST FEE

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/02/09

Payee name

HWY 290 GENERAL STORE #2

Amount (\$)

\$ 27.45

Payee address; City; State; Zip Code

**~~1036 W. 23RD ST~~ 1301 HWY 290 WEST
DRIPPING SPRINGS, TX. 78620**

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

**SNACKS FOR CAMPAIGN
SIGN INSTALLERS**

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **9**

2 FILER NAME

RAYMOND O. WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/02/09

5 Payee name

290 FENCE AND RANCH SUPPLY

7 Amount (\$)

\$ 311.48

6 Payee address; City; State; Zip Code

**P.O. BOX 241
DRIPPING SPRINGS, TX. 78620**

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

T-POST FOR CAMPAIGN SIGNS

(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

12/02/09

Payee name

STAPLES

Amount (\$)

\$ 56.28
R

Payee address; City; State; Zip Code

**4301 W. WM. CANNON BLVD B3 #500
AUSTIN, TX. 78735**

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

PRINT CARTRIDGE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/03/09

Payee name

FLORES TACOS

Amount (\$)

\$ 21.00

Payee address; City; State; Zip Code

**920 W. HWY 290
DRIPPING SPRINGS, TX. 78620**

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

BREAKFAST FOR CAMPAIGN SIGN INSTALLERS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/03/09

Payee name

VISTA-PRINT

Amount (\$)

\$ 19.99

Payee address; City; State; Zip Code

**1043 W. 23RD ST.
TEMPE, AZ 85282**

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

TRANSFER OF DOMAIN NAME

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 9
2 FILER NAME RAYMOND O. WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/24/09	5 Payee name VISTA PRINT 6 Payee address; City; State; Zip Code 1043 W. 23 ST. TEMPE, AZ 85282	7 Amount (\$) \$ 9.98
8 Purpose of payment (See instructions regarding type of information required.) MONTHLY WEB-SITE HOST FEE (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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: 34 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. RAYMOND O. NICKNAME LAST SUFFIX "RAY" WHISENANT, JR.		OFFICE USE ONLY Date Received RECEIVED JUL 15 2010 ELECTION OFFICE Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 1007 DRIPPING SPRINGS, TX. 78620		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 858-4375		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. EUGENE W. NICKNAME LAST SUFFIX "WALLY" KINNEY		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1034 HIDDEN HILLS DR. DRIPPING SPRINGS, TX. 78620		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 858-4736		
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 THROUGH Month Day Year 01 / 01 / 2010 06 / 30 / 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 02 / 10		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HAYS COUNTY COMMISSIONER PCT. 4	
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 Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/06/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE & SALLY KANETZKY	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 509 DRIPPING SPRINGS, TX. 78620		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD R. SCOTT 1991 TRUST	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11811 I 10E SUITE 630 HOUSTON, TX 77229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN SLOOP	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1057 HIDDEN HILLS DR. DRIPPING SPRINGS, TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAY-PAL	Amount of contribution (\$) \$.20	In-kind contribution description (if applicable) 200 R
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ACCOUNT INITIATION DEPOSIT		Employer (See Instructions)	
Date 2/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY CUTLER	Amount of contribution (\$) 122.50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1035 RANCHER'S CLUB LANE DRIFTWOOD, TX. 78619		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 1/2 FOUNDERS DAY BOOTH & BOOTS & SUITS TICKETS		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/10

5 Full name of contributor

☐ out-of-state PAC (ID#)**RICHARD R. NELSON, JR.**

6 Contributor address; City; State; Zip Code

**5800 WEST BROAD OAKS
HOUSTON, TX. 77056**7 Amount of
contribution (\$)**\$100.00**8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/8/10

Full name of contributor

☐ out-of-state PAC (ID#)**CAROL TAYLOR**

Contributor address; City; State; Zip Code

**5708 SUNNY VISTA
AUSTIN, TX. 78734**Amount of
contribution (\$)**\$40.00**In-kind contribution
description (if applicable)**(CASH)**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/10

Full name of contributor

☐ out-of-state PAC (ID#)**JAMES MICHAEL FARR**

Contributor address; City; State; Zip Code

**1011 WESTLAND RIDGE RD.
DRIPPING SPRINGS, TX. 78620**Amount of
contribution (\$)**\$300.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/10

Full name of contributor

☐ out-of-state PAC (ID#)**JOHN W. GRAVENOR**

Contributor address; City; State; Zip Code

**2223 DEL MONTE
HOUSTON, TX. 77019**Amount of
contribution (\$)**\$500.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/10

Full name of contributor

☐ out-of-state PAC (ID#)**SCOTT MCAFEE**

Contributor address; City; State; Zip Code

**27025 RR 12
DRIPPING SPRINGS, TX. 78620**Amount of
contribution (\$)**\$50.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11

2 FILER NAME

RAYMOND O. "RAY" WHISENANT JR

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/1/10

5 Full name of contributor ☐ out-of-state PAC (ID#)
E. ROGERS REVOCABLE FAMILY TRUST

6 Contributor address; City; State; Zip Code
10455 FM 967
BUDA, TX. 78610-3283

7 Amount of contribution (\$)
\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/1/10

FLOYD AKERS

Contributor address; City; State; Zip Code
101 HIGH ROAD
SAN MARCOS, TX. 78666

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/24/10

DON RAY GEORGE TTEE

Contributor address; City; State; Zip Code
1604 RIO GRANDE ST.
AUSTIN, TX. 78701-1122

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/05/10

ROGER SEIDERS

Contributor address; City; State; Zip Code
P.O. BOX 190
DRIFTWOOD, TX. 78619

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/05/10

JEFF MYERS

Contributor address; City; State; Zip Code
P.O. BOX 130
DRIFTWOOD, TX. 78619

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

RAYMOND O. "RAY" WHISENANT, JR.

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

04/05/10**BILL HENRY****\$ 50.00**6 Contributor address; City; State; Zip Code
**4117 HAMILTON HOLLOW RD.
SAN MARCOS, TX. 78666**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/05/10**J.D. SMITH****\$ 5.00**Contributor address; City; State; Zip Code
**600 JENNIFER LANE
DRIFTWOOD, TX. 78619**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/09/10**SAM PAUL****\$ 50.00**Contributor address; City; State; Zip Code
**310 SPRINGWOOD ROAD
DRIPPING SPRINGS, TX. 78620**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/12/10**LAUREL HALL****\$ 100.00**Contributor address; City; State; Zip Code
**P.O. BOX 247
DRIFTWOOD, TX. 78619**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/12/10**I. R. SHULTS****\$ 50.00**Contributor address; City; State; Zip Code
**4200 ELDER HILL ROAD
DRIFTWOOD, TX. 78619**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

RAYMOND O. "RAY" WHISENANT, JR.

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/16/10**JACK LYLE**

6 Contributor address; City; State; Zip Code

**18360 FM 150 WEST
DRIETWOOD, TX. 78619****\$25.00**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/16/10**ROBERT AZAR**

Contributor address; City; State; Zip Code

**200 GRANDE ST.
DRIETWOOD, TX. 78619****\$100.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/19/10**EARNEST SELF**

Contributor address; City; State; Zip Code

**950 O'NEIL RANCH RD.
DRIPPING SPRINGS, TX. 78620****\$50.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/19/10**B. D. DAVIS**

Contributor address; City; State; Zip Code

**P.O. BOX 1254
DRIPPING SPRINGS, TX. 78620****\$25.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/21/10**JACK CARAWAY**

Contributor address; City; State; Zip Code

**301 BEBEE ROAD
KYLE, TX. 78640****\$50.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/21/10

5 Full name of contributor

☐ out-of-state PAC (ID# _____)**BOB MOREAU**

6 Contributor address; City; State; Zip Code

**19055 FM 150 WEST
DRIFTWOOD, TX. 78619**7 Amount of
contribution (\$)**\$50.00**8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/21/10

Full name of contributor

☐ out-of-state PAC (ID# _____)**STEVEN BOND**

Contributor address; City; State; Zip Code

**1501 N. RAINBOW RANCH ROAD
WIMBERLEY, TX. 78676**Amount of
contribution (\$)**\$25.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/21/10

Full name of contributor

☐ out-of-state PAC (ID# _____)**JIMMY SKIPTON**

Contributor address; City; State; Zip Code

**7890 W. HWY. 290
DRIPPING SPRINGS, TX. 78620**Amount of
contribution (\$)**\$50.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/21/10

Full name of contributor

☐ out-of-state PAC (ID# _____)**MARTIN S. TUCKER**

Contributor address; City; State; Zip Code

**3717 ALLEGRO LUGAR
AUSTIN, TX. 78749**Amount of
contribution (\$)**\$100.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/

Full name of contributor

☐ out-of-state PAC (ID# _____)**STEVEN WIMBERLY**

Contributor address; City; State; Zip Code

**300 BAYLOR ST.
AUSTIN, TX. 78703**Amount of
contribution (\$)**\$100.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/26/10

5 Full name of contributor

☐ out-of-state PAC (ID#)**RAYMOND TEAGUE**

Contributor address; City; State; Zip Code

**3500 ELDER HILL ROAD
DRIFTWOOD, TX. 78619**7 Amount of
contribution (\$)**\$50.00**8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/26/10

Full name of contributor

☐ out-of-state PAC (ID#)**THOMAS E. ECKOLS**

Contributor address; City; State; Zip Code

**2449 WESTLAKE DR.
AUSTIN, TX. 78746**Amount of
contribution (\$)**\$200.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/10

Full name of contributor

☐ out-of-state PAC (ID#)**JAMES L. FLETCHER**

Contributor address; City; State; Zip Code

**P.O. BOX 175
DRIFTWOOD, TX. 78619**Amount of
contribution (\$)**\$25.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/10

Full name of contributor

☐ out-of-state PAC (ID#)**THOMAS D. SMITH**

Contributor address; City; State; Zip Code

**P.O. BOX 1219
DRIPPING SPRINGS, TX. 78620**Amount of
contribution (\$)**\$200.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/28/10

Full name of contributor

☐ out-of-state PAC (ID#)**ELIZABETH GONZALEZ**

Contributor address; City; State; Zip Code

**772 CLEARVIEW
SAN MARCOS, TX. 78666**Amount of
contribution (\$)**\$25.00**In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 11	
2 FILER NAME RAYMOND O. "RAY" WHESENANT, JR.				3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/29/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CLARENCE & DAVID VOGEL		7 Amount of contribution (\$) \$	8 In-kind contribution description (if applicable) \$ 210.00	
6 Contributor address; City; State; Zip Code P.O. BOX 597 MANCHACA, TX. 78652			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 05/05/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TERRY KYLE		Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code W. Hwy 290 DRIPPING SPRINGS, TX. 78620			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 05/05/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHNNA CUNNINGHAM		Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code SIGNAL HILL ROAD AUSTIN, TX. 78737			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 05/05/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COLLEEN MOREAU		Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code FM 150 W. DRIFTWOOD, TX. 78619			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 05/05/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID CROUCHET		Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code BLUESTEM COURT AUSTIN, TX. 78737			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11

2 FILER NAME
RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date 05/05/10
5 Full name of contributor ☐ out-of-state PAC (ID#)
GARY CUTLER
6 Contributor address; City; State; Zip Code
RANCHER CLUB LANE
DRIFTWOOD, TX. 78619

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 05/05/10
Full name of contributor ☐ out-of-state PAC (ID#)
COL. C.E. BONNEY
Contributor address; City; State; Zip Code
BARTON CREEK DRIVE
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/05/10
Full name of contributor ☐ out-of-state PAC (ID#)
MICHAEL HICKS
Contributor address; City; State; Zip Code
HIDDEN CREEK
WINBERLEY, TX. 7876

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/05/10
Full name of contributor ☐ out-of-state PAC (ID#)
RAYMOND O. WHISENANT
Contributor address; City; State; Zip Code
22501 RANCH ROAD 12
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$) \$1,000.00
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/07/10
Full name of contributor ☐ out-of-state PAC (ID#)
TOM WYCOFF
Contributor address; City; State; Zip Code
1244 BEAUCHAMP
DRIPPING SPRINGS, TX. 78620

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

RAYMOND O. "RAY" WHISENANT, JR.

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

05/10/10**SHELBY G. ECKOLS**

6 Contributor address; City; State; Zip Code

**209 WILLET DR.
BUDA, TX. 78610****\$100.00**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/11/10**ROBERT L. ROTTER**

Contributor address; City; State; Zip Code

**84 WHISPER COVE LANE
LAKEVIEW, AR 72642****\$300.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/11/10**HAYS COUNTY REPUBLICAN PARTY**

Contributor address; City; State; Zip Code

**P.O. BOX 1655
SAN MARCOS, TX. 78667****\$150.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/19/10**MICHAEL A. CHESSMORE**

Contributor address; City; State; Zip Code

**1040 WINDMILL ROAD
DRIPPINGS SPRINGS, TX. 78620****\$100.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/21/10**GRADY MOORE**

Contributor address; City; State; Zip Code

**269 SETH HAVEN
DRIPPINGS SPRINGS, TX. 78620****\$40.00****-CASH-**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 11	
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.				3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOM & ANN STEWART	7 Amount of contribution (\$) \$ 40.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX. 78620		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 6/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MRS. PATSY S. MOORE	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 285 HILLIARD ROAD SAN MARCOS, TX. 78666		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 6/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACK W. CARAWAY	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 301 BEBEE ROAD KYLE, TX. 78640		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor 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: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/08/10

5 Payee name

VISTA PRINT

6 Payee address; City; State; Zip Code

1036 W. 23RD ST.

TEMPE, AZ

85282

7

Amount
(\$)

\$ 18.92

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

CAMPAIGN BUSINESS CARDS

(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

01/11/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HWY 290

DRIPPING SPRINGS, TX. 78620

Amount
(\$)

\$ 80.04

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

CAMPAIGN SIGN MATERIALS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/11/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HWY 290

DRIPPING SPRINGS, TX 78620

Amount
(\$)

\$ 121.56

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

CAMPAIGN SIGN MATERIALS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/12/10

Payee name

H.E.B. #227

Payee address; City; State; Zip Code

5800 W. SLAUGHTER LANE

AUSTIN, TX.

78749

Amount
(\$)

\$ 62.02

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

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: 21
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/12/10	5 Payee name HIGHWAY 290 GENERAL STORE 6 Payee address; City; State; Zip Code 1301 Hwy 290 W. DRIPPING SPRINGS, TX 78620	7 Amount (\$) \$ 75.00
8 Purpose of payment (See instructions regarding type of information required.) DIESEL FUEL FOR "SIGN" INSTALLATION (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 01/13/10	Payee name HAYS COUNTY REPUBLICAN PARTY Payee address; City; State; Zip Code P.O. BOX 1655 SAN MARCOS, TX. 78666	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) LINCOLN/REAGAN DINNER ^{TABLE} SPONSORSHIP (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/14/10	Payee name GO DADDY.COM Payee address; City; State; Zip Code	Amount (\$) \$ 7.17
Purpose of payment (See instructions regarding type of information required.) WEBSITE HOSTING FEES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/19/10	Payee name SAC-PAC Payee address; City; State; Zip Code 1503 POST ROAD SAN MARCOS, TX 78666	Amount (\$) \$ 4.08
Purpose of payment (See instructions regarding type of information required.) DRINKS FOR "SIGN" INSTALL CREW (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		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/19/10

5 Payee name

HOME DEPOT

6 Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620

7

Amount
(\$)

\$ 9.73

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

CAMPAIGN SIGN MATERIALS

(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

01/19/10

Payee name

290 FENCE & RANCH

Payee address; City; State; Zip Code

P.O. BOX 241
DRIPPING SPRINGS, TX. 78620Amount
(\$)

\$ 57.32

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

CAMPAIGN SIGN SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/21/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620Amount
(\$)

\$ 18.19

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

CAMPAIGN SIGN MATERIALS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/21/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620Amount
(\$)

\$ 36.58

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

CAMPAIGN SIGN MATERIALS

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

3 ACCOUNT # (Ethics Commission filers)

FILER NAME
RAYMOND O. WHISENANT, JR.4 Date
01/25/105 Payee name
DRIPPING SPRINGS CHAMBER OF COMMERCE7 Amount (\$)
160.006 Payee address; City; State; Zip Code
P.O. Box 206
Dripping Springs, Tx. 786208 Purpose of payment (See instructions regarding type of information required.)
2010 "SUITS & BOOTS" BANQUET
(If travel outside of Texas, complete Schedule T)9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/25/10Payee name
CITY OF DRIPPING SPRINGS FOUNDERS DAY
Payee address; City; State; Zip Code
P.O. BOX 384
DRIPPING SPRINGS, TX. 78620Amount (\$)
\$ 500.00Purpose of payment (See instructions regarding type of information required.)
2010 FOUNDERS DAY "BRONZE" SPONSOR
(If travel outside of Texas, complete Schedule T)** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/25/10Payee name
VISTA PRINT
Payee address; City; State; Zip Code
1036 W. 23RD ST.
TEMPE, ARIZONA 85282Amount (\$)
9.98Purpose of payment (See instructions regarding type of information required.)
WEBSITE HOSTING FEE
(If travel outside of Texas, complete Schedule T)** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/25/10Payee name
HIGHWAY 290 GENERAL STORE #2
Payee address; City; State; Zip Code
1301 HWY 290 WEST
DRIPPING SPRINGS, TX 78620Amount (\$)
75.00Purpose of payment (See instructions regarding type of information required.)
DIESEL FUEL FOR "SIGN" INSTALLATION
(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

POLITICAL EXPENDITURES		SCHEDULE F	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 21	
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/26/10	5 Payee name VISTA PRINT <small>6 Payee address; City; State; Zip Code</small> 1036 W. 23RD ST. TEMPE, AZ 85282	7 Amount (\$) 106.⁰⁶	
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MAGNETIC SIGNS <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> <small>Candidate / Officeholder name Office sought Office held</small>	
Date 01/30/10	Payee name H.E.B. # 227 <small>Payee address; City; State; Zip Code</small> 5800 W. SLAUGHTER LANE AUSTIN, TX. 78749	Amount (\$) \$ 59.⁰⁴	
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN DINNER SUPPLIES <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> <small>Candidate / Officeholder name Office sought Office held</small>	
Date 01/30/10	Payee name STAPLES <small>Payee address; City; State; Zip Code</small> 4301 W. WM. CANNON BLDG. B3 SUITE 500 AUSTIN, TX 78735	Amount (\$) \$ 56.²⁸	
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PRINTER SUPPLIES <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> <small>Candidate / Officeholder name Office sought Office held</small>	
Date 2/1/10	Payee name Wix COM INC. <small>Payee address; City; State; Zip Code</small>	Amount (\$) \$ 9.⁹⁰	
Purpose of payment (See instructions regarding type of information required.) MONTHLY WEB PAGE SERVICE FEE <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> <small>Candidate / Officeholder name Office sought Office held</small>	
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: 21
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/5/10	5 Payee name HOME DEPOT 6 Payee address; City; State; Zip Code 260 HWY. 290 DRIPPING SPRINGS, TX. 78620	7 Amount (\$) \$ 37.98
8 Purpose of payment (See instructions regarding type of information required.) MONTHLY PAYMENT - FEB '10 (2 of 12) (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 2/8/10	Payee name GARY CUTLER Payee address; City; State; Zip Code 1035 RANCHERS CLUB LANE DRIPPING SPRINGS, TX. 78620	Amount (\$) \$ 42.50
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - REFUND OF FOUNDER'S DAY BOOTH FEE (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/8/10	Payee name HAYS COUNTY REPUBLICAN PARTY Payee address; City; State; Zip Code P.O. BOX 1655 SAN MARCOS, TX. 78667	Amount (\$) 350.00
Purpose of payment (See instructions regarding type of information required.) LINCOLN/REAGAN DINNER - 10 TICKETS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/11/10	Payee name FLORES MEXICAN RESTAURANT Payee address; City; State; Zip Code 2440 E. HWY. 290 DRIPPING SPRINGS, TX. 78620	Amount (\$) \$ 22.00
Purpose of payment (See instructions regarding type of information required.) MIKE FARR LUNCHEON (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		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 21	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/15/10	5 Payee name 20TH ANNUAL WILD GAME SUPPER - UMCM	7 Amount (\$) \$ 100.00	
6 Payee address; City; State; Zip Code P.O. BOX 99 DRIPPING SPRINGS, TX, 78620			
8 Purpose of payment (See instructions regarding type of information required.) FAMILY SPONSORSHIP (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 2/15/10	Payee name THE NEWS/DISPATCH	Amount (\$) \$ 320.00	
Payee address; City; State; Zip Code P.O. BOX 227 DRIFTWOOD, TX.			
Purpose of payment (See instructions regarding type of information required.) 1/4 PAGE AD FOR MARCH PRIMARY 2010 (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/15/10	Payee name SIGNATURE #43	Amount (\$) 75.00	
Payee address; City; State; Zip Code 104 HWY 290 DRIPPING SPRINGS, TX. 78620			
Purpose of payment (See instructions regarding type of information required.) DIESEL FUEL FOR CAMPAIGN SIGNS - TAKEN OUT (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/16/10	Payee name HOLLY MEDIA GROUP	Amount (\$) \$ 190.00	
Payee address; City; State; Zip Code P.O. BOX 49 WINBERLEY, TX. 78676			
Purpose of payment (See instructions regarding type of information required.) CENTURY NEWS BANNER AD - MARCH PRIM. (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			

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/27/10

5 Payee name

HOME DEPOT

7 Amount (\$)

\$ 37.98

6 Payee address; City; State; Zip Code

260 HWY. 290 E.
DRIPPING SPRINGS, TX. 78620

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

MARCH MONTHLY PAYMENT (3 OF 12)

(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

2/28/10

Payee name

SIGNATURE #43

Amount (\$)

\$ 75.00

Payee address; City; State; Zip Code

104 E. HWY. 290
DRIPPING SPRINGS, TX. 78620

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

DIESEL FUEL - FINAL INSTALL OF SIGNS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/28/10

Payee name

HAYS COUNTY LIVESTOCK SHOW

Amount (\$)

\$ 500.00

Payee address; City; State; Zip Code

P.O. BOX 1778
KYLE, TX. 78640

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

BUYER #370 - 2010

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/28/10

Payee name

DRIPPING SPRINGS LIONS CLUB

Amount (\$)

\$ 150.00

Payee address; City; State; Zip Code

P.O. BOX 658
DRIPPING SPRINGS, TX. 78620

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

GOLF TOURNEY - HOLE SPONSOR

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/10

5 Payee name

CITY OF DRIPPING SPRINGS FOUNDERS DAY

7

Amount
(\$)

\$ 20.00

6 Payee address; City; State; Zip Code

P.O. BOX 384
DRIPPING SPRINGS, TX 78620

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

PARADE ENTRY FEE

(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

3/1/10

Payee name

Wix COMMUNICATION, INC.

Payee address; City; State; Zip Code

Amount
(\$)

\$ 9.90

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

CAMPAIGN WEBSITE HOST FEE

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/15/10

Payee name

HARRISON RANCH BUCKLE SERIES

Payee address; City; State; Zip Code

P.O. BOX 384
DRIPPING SPRINGS, TX. 78620Amount
(\$)

\$ 150.00

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

PLAYDAY BUCKLE SERIES SPONSOR
2010

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/15/10

Payee name

CLARENCE VOGEL

Payee address; City; State; Zip Code

P.O. BOX 597
MANCHACA, TX. 78652Amount
(\$)

\$ 500.00

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

DEPOSIT ON LAVENTANA FISH FRY

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/18/10

5 Payee name

VISTA-PRINT

7 Amount (\$)

\$ 32.08

6 Payee address; City; State; Zip Code

1036 W. 23RD ST.
TEMPE, AZ 85282

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

MISC. CAMPAIGN SUPPLIES

(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

3/18/10

Payee name

STAPLES

Amount (\$)

\$ 64.38

Payee address; City; State; Zip Code

4301 W. WM. CANNON BLDG B3 SUITE 500
AUSTIN, TX. 78735

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

PRINTER CARTRIDGE & MISC.

(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

OFFICE DEPOT

Amount (\$)

\$ 118.27

Payee address; City; State; Zip Code

5300 MOPAC EXPWY. S. # 101
AUSTIN, TX. 78749

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

FISH FRY INVITATION SUPPLIES

(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

CONNIE M. WHISENANT

Amount (\$)

\$ 176.00

Payee address; City; State; Zip Code

206 GATLIN CREEK RD.
DRIPPING SPRINGS, TX. 78620

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

REIMBURSEMENT FOR
FISH FRY INVITATION POSTAGE

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/10

5 Payee name

OFFICE DEPOT

6 Payee address; City; State; Zip Code

5300 MOPAC EXPWAY. S. #101
AUSTIN, TX. 78749

7 Amount (\$)

\$ 12.98

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

INVITATION SUPPLIES - FISH FRY

(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

3/29/10

Payee name

VISTA-PRINT

Payee address; City; State; Zip Code

1043 W. 23RD ST.
TEMPE, AZ 85282

Amount (\$)

\$ 60.09

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

TEESHIRTS FOR FOUNDERS DAY
PARADE

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/30/10

Payee name

U.S. POST OFFICE

Payee address; City; State; Zip Code

HWY. 290 W
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 44.00

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

POSTAGE - CAMPAIGN MAIL

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/30/10

Payee name

TRAVIS ELEMENTARY - SAN MARCOS CISD

Payee address; City; State; Zip Code

1437 POST ROAD
SAN MARCOS, TX 78666

Amount (\$)

\$ 200.00

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

FACILITY RENTAL - CHECK # 1038

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/10

5 Payee name

HOME DEPOT

6 Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620

7 Amount (\$)

\$ 37.98

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

APRIL MONTHLY PAYMENT (4 OF 12)

(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

3/31/10

Payee name

Wix COMM., INC

Payee address; City; State; Zip Code

Amount (\$)

\$ 9.90

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

APRIL WEBSITE HOST FEE

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/02/10

Payee name

SAMS CLUB #4720

Payee address; City; State; Zip Code

4970 HWY 290 WEST
AUSTIN, TX. 78745

Amount (\$)

\$ 64.40

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

CANDY-FOUNDER'S DAY PARADE

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/05/10

Payee name

U.S. POSTAL SERVICE

Payee address; City; State; Zip Code

HWY 290 WEST
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 36.00

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

P.O. BOX 1007 ANNUAL RENEWAL

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/05/10

5 Payee name

HOME DEPOT

6 Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620

7 Amount (\$)

\$ 16.17

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

PARADE SUPPLIES - FOUNDER'S DAY
(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

04/05/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 2.10

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

PARADE SUPPLIES - PARADE FOUNDER'S DAY
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

04/13/10

Payee name

CONNIE M. WHISENANT

Payee address; City; State; Zip Code

206 GATLIN CREEK ROAD
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 143.37

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

REIMBURSEMENT FOR STAPLES SUPPLIES - TRAVIS ELEM.
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

04/19/10

Payee name

HERITAGE GALA @ POUND HOUSE

Payee address; City; State; Zip Code

P.O. BOX 1150
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 500.00

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

SPECIAL SUPPORTER - SPONSORSHIP
(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/23/10

5 Payee name

STAPLES

6 Payee address; City; State; Zip Code

4301 W. WIL. CANNON BLDG B3 STE 500
AUSTIN, TX. 78735

7 Amount (\$)

\$ 27.35

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

MISCELLANEOUS "FISH FRY" SUPPLIES

(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

4/26/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HWY. 290
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 15.12

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

"FISH FRY" SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/27/10

Payee name

GARDEN RIDGE

Payee address; City; State; Zip Code

5151 A HWY 290 W
AUSTIN, TX. 78735

Amount (\$)

\$ 37.80

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

"FISH FRY" & TRAVIS ELEM.
& MEET & GREET

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/27/10

Payee name

MICHAEL'S #9889

Payee address; City; State; Zip Code

5601 BRODIE LANE #200
AUSTIN, TX 78745

Amount (\$)

\$ 7.74

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

"FISH FRY" DECORATIONS

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/10

5 Payee name

SIGN-ARTS

7 Amount (\$)

\$ 414.60

6 Payee address; City; State; Zip Code

P.O. BOX 1416
SAN MARCOS, TX. 78666

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

BUMPER STICKERS

(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

4/28/10

Payee name

SAM'S CLUB #4720

Amount (\$)

34.87

Payee address; City; State; Zip Code

4970 HWY 290 WEST
AUSTIN, TX. 78745

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

CAKE FOR "FISH FRY"

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4/28/10

Payee name

BROOKSHIRE BROTHERS #67

Amount (\$)

8.55

Payee address; City; State; Zip Code

14100 RR 12
WIMBERLEY, TX. 78676

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

"FISH FRY" SUPPLIES

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

4/28/10

Payee name

HOME DEPOT

Amount (\$)

\$ 25.81

Payee address; City; State; Zip Code

260 E. HWY 290
DRIPPING SPRINGS, TX. 78620

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

"FISH FRY" BANNER STAND

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 21
2 FILER NAME RAYMOND D. WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/29/10	5 Payee name CLARENCE & DAVID VOGEL 6 Payee address; City; State; Zip Code P.O. BOX 597 MANCHACA, TX. 78652	7 Amount (\$) \$ 110.00
8 Purpose of payment (See instructions regarding type of information required.) "FISHFRY" BALANCE (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 4/29/10	Payee name DAVID LINDZEY Payee address; City; State; Zip Code 430 GREYSTONE DRIPPING SPRINGS, TX 78620	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) "FISHFRY" ENTERTAINMENT (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/29/10	Payee name LONNIE ATKINSON Payee address; City; State; Zip Code 430 GREYSTONE DRIPPING SPRINGS, TX. 78620	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) "FISHFRY" ENTERTAINMENT (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/30/10	Payee name SAN MARCOS C.I.S.D. Payee address; City; State; Zip Code 1437 POST ROAD SAN MARCOS, TX. 78666	Amount (\$) \$ (60.00)
Purpose of payment (See instructions regarding type of information required.) REFUND CHECK FOR SECURITY DEPOSIT FOR FACILITY RENTAL 3/30/10 CHECK #1038 (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		

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 21
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/30/10	5 Payee name Wix Inc. 6 Payee address; City; State; Zip Code	7 Amount (\$) \$ 9.90
8 Purpose of payment (See instructions regarding type of information required.) WEBSITE MONTHLY HOSTING FEE (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 05/03/10	Payee name HOME DEPOT Payee address; City; State; Zip Code 260 E. HWY 290 DRIPPINGS SPRINGS, TX. 78620	Amount (\$) \$ 37.98
Purpose of payment (See instructions regarding type of information required.) PAYMENT #5 OF 12 FOR CAMPAIGN SIGN MATERIALS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/04/10	Payee name VALERO CORNER STORE Payee address; City; State; Zip Code 6009 E. BEN WHITE BLVD STORE #0967 AUSTIN, TX. 78738	Amount (\$) \$ 75.00
Purpose of payment (See instructions regarding type of information required.) FUEL REIMBURSEMENT - FISH FRY (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/04/10	Payee name CONNIE M. WHISENANT Payee address; City; State; Zip Code 206 GATLIN CREEK ROAD DRIPPING SPRINGS, TX. 78620	Amount (\$) \$ 258.12
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT FOR CASH EXPENSES @ FISH FRY (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		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 21	
2 FILER NAME RAYMOND O. "RAY" WHISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/04/10	5 Payee name WIMBERLEY CHAMBER OF COMMERCE	7 Amount (\$) \$ 100.00	
6 Payee address; City; State; Zip Code 14100 RR 12 WIMBERLEY, TX. 78676			
8 Purpose of payment (See instructions regarding type of information required.) 2010 INDEPENDENCE DAY PARADE - WIMBERLEY (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 05/05/10	Payee name CARVED STONE, INC.	Amount (\$) \$ 80.25	
Payee address; City; State; Zip Code 5300 BELL SPRINGS ROAD DRIPPING SPRINGS, TX. 78620			
Purpose of payment (See instructions regarding type of information required.) FISH FRY EXPENSE - (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/09/10	Payee name STAPLES	Amount (\$) \$ 129.88	
Payee address; City; State; Zip Code 4301 W. WM. CANNON BLDG. B3 SUITE 500 AUSTIN, TX. 78735			
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PRINTER CARTRIDGES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/10/10	Payee name DRIPPING SPRINGS METRO POST OFFICE	Amount (\$) 95.20	
Payee address; City; State; Zip Code 1450 W. HWY 290 DRIPPING SPRINGS, TX. 78620			
Purpose of payment (See instructions regarding type of information required.) POSTAGE FOR TRAVIS ELEM. "MEET AND GREET." (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			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/20/10

5 Payee name

WALMART

6

Amount
(\$)

#

19.37

Payee address; City; State; Zip Code

690 OLD SAN ANTONIO ROAD
BUDA, TX. 786108 Purpose of payment (See instructions regarding type of information required.)
SUPPLIES FOR TRAVIS ELEM.
"MEET & GREET"
(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

05/21/10

Payee name

SAM'S CLUB

Payee address; City; State; Zip Code

4970 HWY 290 WEST
AUSTIN, TX. 78745Amount
(\$)

#

61.69

Purpose of payment (See instructions regarding type of information required.)
SUPPLIES FOR TRAVIS ELEM.
"MEET AND GREET"
(If travel outside of Texas, complete Schedule T)** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/24/10

Payee name

DRIPPING SPRINGS CHAMBER OF COMMERCE

Payee address; City; State; Zip Code

P.O. BOX 206
DRIPPING SPRINGS, TX. 78620Amount
(\$)

#

250.00

Purpose of payment (See instructions regarding type of information required.)
"FRIENDS" LEVEL SPONSORSHIP
FOR 2010 "DRIPPIN WITH TASTE" FESTIVAL
(If travel outside of Texas, complete Schedule T)** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/25/10

Payee name

MARDI GRAS IMPORTS

Payee address; City; State; Zip Code

388 VOTERS ROAD
SLIDELL, LA 70461Amount
(\$)

#

103.82

Purpose of payment (See instructions regarding type of information required.)
MARDI GRAS BEADS FOR
WIMBERLEY JULY 4TH PARADE
(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21

2 FILER NAME

RAYMOND O. "RAY" WHISENANT, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/1/10

5 Payee name

Wix, Inc.

6 Payee address; City; State; Zip Code

7

Amount (\$)

\$ 9.90

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

MONTHLY WEBSITE HOSTING FEE

(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

6/9/10

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

260 E. HAY 290
DRIPPING SPRINGS, TX. 78620

Amount (\$)

\$ 37.98

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

#6 PAYMENT - CAMPAIGN SIGN MATERIALS

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/9/10

Payee name

CRACKER BARRELL #228

Payee address; City; State; Zip Code

IH 35
SAN MARCOS, TX. 78666

Amount (\$)

\$ 33.00

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

CAMPAIGN LUNCHEON - D. EDWARDS,

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/14/10

Payee name

VISTA PRINT

Payee address; City; State; Zip Code

1036 W. 23RD
TEMPE, AZ 85282

Amount (\$)

\$ 119.00

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

CAMPAIGN "PUSH" CARDS

(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

POLITICAL EXPENDITURES		SCHEDULE F	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 21	
2 FILER NAME RAYMOND O. "RAY" WHEISENANT, JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/14/10	5 Payee name DRIPPING SPRINGS HIGH SCHOOL ATHLETIC BOOSTER CLUB	7 Amount (\$) \$ 500.⁰⁰_—	
6 Payee address; City; State; Zip Code P.O. BOX 694 DRIPPING SPRINGS, TX. 78620			
8 Purpose of payment (See instructions regarding type of information required.) MARDON SPONSORSHIP - DHS <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 6/16/10	Payee name STAPLES	Amount (\$) \$ 91.⁹⁹_—	
Payee address; City; State; Zip Code 4301 W. WM CANNON BLDG. B3 SUITE 500 AUSTIN, TX. 78735			
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PRINTER CARTRIDGES <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date 6/30/10	Payee name VISTA PRINT	Amount (\$) \$ 79.⁹²_—	
Payee address; City; State; Zip Code 1036 W. 23RD ST. TEMPE, AZ 85282			
Purpose of payment (See instructions regarding type of information required.) MAGNETIC DOOR SIGN FOR CAMPAIGN <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date 6/30/10	Payee name WIX, INC.	Amount (\$) \$ 9.⁹⁰_—	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WEBSITE MONTHLY HOSTING FEE <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			