

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: DONALD MI: S
NICKNAME: Steve LAST: Benton SUFFIX:

OFFICE USE ONLY

RECEIVED

FEB 09 2000

ELECTIONS

Date Received: Date Handled: Date Postmarked

ADMINISTRATION
Lasya Lukpatrick

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 680 CR 375 APT / SUITE #: CITY: JAINELL TX ZIP CODE: 76537

Change of Address

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Jimmy MI: G.
NICKNAME: Jim LAST: Bitz SUFFIX:

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 371 Sedeo TAL APT / SUITE #: CITY: GEORGETOWN TX STATE: ZIP CODE: 78628

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 930-5912 EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 1 / 12 / 2000 THROUGH Month Day Year: / /

10 ELECTION

ELECTION DATE: Month Day Year: 02 / 03 / 2000 ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): Justice of Peace #3

12 OFFICE SOUGHT (if known): Justice of Peace #3

13 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

14 C/OH NAME

15 ACCOUNT #(Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes political expenditures 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 pages

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION
TOTALS

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

\$ 500.00

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

\$ 2,550.00

EXPENDITURE
TOTALS

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

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 2,145.77

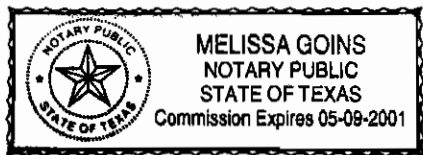
OUTSTANDING
LOAN TOTALS

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

\$ 600.00

19 AFFIDAVIT

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



Steve Benton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Benton, this the 8th day of February, 2000, to certify which, witness my hand and seal of office.

Melissa Goins Melissa Goins Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 4	
2 FILER NAME Judge Donald S. "Steve" Benton		3 ACCOUNT # (Ethics Commission files)	
4 Date 01-12-2000	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Jim Bitz	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 371 Sedao TAL Georgetown TX 78628			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01-12-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC ALLstate Agency	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 214 W 8th Georgetown TX 78626			
Principal occupation (Optional)		Employer (Optional)	
Date 01-12-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC Georgetown Professional Police Ass'n	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 508, Georgetown TX 78626			
Principal occupation (Optional)		Employer (Optional)	
Date 01-13-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC DAVID SKINNER	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 34 SKY Line, Georgetown TX 78628			
Principal occupation (Optional)		Employer (Optional)	
Date 01-18-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC Chris Logue	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 Hester Hollow, Georgetown TX 78628			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Principal occupation (optional)

11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation (optional)

Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation (optional)

Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation (optional)

Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation (optional)

Employer (optional)

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 A1 (FOR FORMS CIOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <i>2 of 4</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>01-25-2000</i>	5 Full name of contributor <i>Rudy MIKESKA JR</i> <input type="checkbox"/> out-of-state PAC 6 Contributor address; City; State; Zip Code <i>1007 TH JOHNSON DR, TAYLOR TX</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>01-25-2000</i>	Full name of contributor <i>Rudy MIKESKA BAR B-Q</i> <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code <i>1007 TH JOHNSON DR TAYLOR TX</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>01-25-2000</i>	Full name of contributor <i>W.H. Bill CONNER, Atty</i> <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code <i>624 S. AUSTIN AV. STE 101, GEORGETOWN 78626</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>01-27-2000</i>	Full name of contributor <i>SARA TAYLOR</i> <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code <i>13706 Research Blvd, Ste 104, Austin</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>01-27-2000</i>	Full name of contributor <i>Ron GAHAGAN</i> <input type="checkbox"/> out-of-state PAC Contributor address; City; State; Zip Code <i>511 Ridgewood Dr, Georgetown 78628</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS CIOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3 of 4	
2 FILER NAME Judge DONALD S "Steve" Benton		3 ACCOUNT # (Ethics Commission files)	
4 Date 01-27-2000	5 Full name of contributor <input type="checkbox"/> out-of-state PAC THOMAS SKELTON 6 Contributor address; City; State; Zip Code 205 CLEAR SPRINGS, GEORGETOWN TX 78628	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01-27-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC Ed. Richards Contributor address; City; State; Zip Code Rt 4, Box 182 Georgetown TX 78628	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01-26-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC BUCHANAN FINANCIAL SERVICES Contributor address; City; State; Zip Code 116 W. 8 th Georgetown TX 78626	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01-27-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC JOHNNY LACEY CPA Contributor address; City; State; Zip Code 123 SKYLINE RD, GEORGETOWN TX 78628	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02-01-2000	Full name of contributor <input type="checkbox"/> out-of-state PAC DAN A. GATTIS Contributor address; City; State; Zip Code 7500 LORBY DR #915, HOUSTON TX 77030	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages this Schedule A1: *4 of 4*

2 FILER NAME: *Judge Donald S. Steve Benton* **3** ACCOUNT # (Ethics Commission files):

4 Date: <i>01-31-2000</i>	5 Full name of contributor: <i>Jim Embree</i> <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$): <i>500.00</i>	8 In-kind contribution description (if applicable):
6 Contributor address; City; State; Zip Code: <i>8050 Airport Rd, Georgetown TX 78628</i>			

9 Principal occupation (Optional) **10** Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

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:
2 FILER NAME <i>Judge Donald S. "Steve" Benton</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>01-14-2000</i>	5 Payee name <i>Positive Image Photo</i>	7 Amount (\$) <i>58.99</i>
6 Payee address; City; State; Zip Code <i>124 Parque vst D, Georgetown TX 78628</i>		
8 Purpose of expenditure (See instructions regarding type of information required.) <i>photo</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Date <i>01-16-2000</i> <i>01-21-2000</i>	Payee name <i>DANEK HARDWARE</i>	Amount (\$) <i>41.14</i> <i>19.76</i> <hr/> <i>60.90</i>
Payee address; City; State; Zip Code <i>JARRELL TX 76537</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Political Sign materials</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Date <i>1-21-2000</i>	Payee name <i>Sunset Press</i>	Amount (\$) <i>1,169.25</i>
Payee address; City; State; Zip Code <i>308 TX Avenue #100 Round Rock TX 78664</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Push Cards Flyers</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	
Date <i>1-31-2000</i>	Payee name <i>Child Welfare Board</i>	Amount (\$) <i>150.00</i>
Payee address; City; State; Zip Code <i>Round Rock TX 78664</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Ticket for Fund Raise</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Judge DONALD S. "Steve" Benton

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

1-12-2000

7 Name of lender

DONALD S. "Steve" Benton

out-of-state PAC

9 Loan Amount (\$)

600.00

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

680 CR 375 JARREL TX 76537

10 Interest rate

NA

11 Maturity date

NA

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

vide Donald S "Steve" Benton

3 ACCOUNT # (Ethics Commission filers)

4 Date

01-12-2000

5 Payee name

Williamson County Republican Party

6 Payee address; City; State; Zip Code

Georgetown TX 78626

8 Amount (\$)

300.00

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

Party Filing Fee

Reimbursement from political contributions intended

Date

01-3-2000

Payee name

KWIK SIGNS

Payee address; City; State; Zip Code

1601-A Hydro DR, Austin TX 78728

Amount (\$)

676.13

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

Political SIGNS

Reimbursement from political contributions intended

Date

01-17-2000

Payee name

Sunset Press

Payee address; City; State; Zip Code

308 Tx Ave. # 100, Round Rock, TX 78664

Amount (\$)

1169.64

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

Political Printed Materials, Push Cards - Flyers

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED