

# 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 FIRST MI Jude DONALD S.		OFFICE USE ONLY Date Received MAR 06 2000	
		NICKNAME LAST SUFFIX Steve Benton			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 680 C.R. 375 JARRELL TX 76537			
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI Jimmy G.		Receipt #	
		NICKNAME LAST SUFFIX Jim Bitz		HD / PM Amount	
				Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 371 Sedao TEL Georgetown TX 78628			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 930-5912			
8 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 02/04/00    03/04/2000			
10 ELECTION		ELECTION DATE Month Day Year 02/14/00		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) Justice of Peace		12 OFFICE SOUGHT (if known) Justice of Peace	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages		<p>** 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. **</p> <p>Name</p> <p>Address / PO Box, Apt. / Suite #, City, State, Zip Code</p>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*DONALD S. steve Benton*

15 ACCOUNT # (Ethics Commission filers)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ *1059.00*

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

\$ *526.00*

EXPENDITURE TOTALS

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

\$ *---*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,203.91*

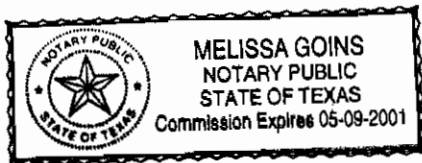
OUTSTANDING LOAN TOTALS

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

\$

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 Steven Benton this the 6<sup>th</sup> day of march 19, 2000, to certify which, witness my hand and seal of office.

*Melissa Goins*  
Signature of officer administering oath

*Melissa Goins*  
Print name of officer administering oath

*Notary Public*  
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: <p style="text-align: right;">2</p>	
2 FILER NAME <i>Judge Donald S. Benton</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2-11-00</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Ed Walsh</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>405 Round Rock Ave, Round Rock 78664</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>2-8-00</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>JAY SLOAN</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 649, Georgetown 78627</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2-08-00</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>JEAN MOORE</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1603 Austin Ave, Georgetown 78627</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>02-11-00</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Patricia Cummings</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 Round Rock Ave, Round Rock 78664</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>02-6-00</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>JOE SAEGENT</i>	Amount of contribution (\$) <i>51.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1817 Teary Ln, Georgetown 78626</i>			
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 files)

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)
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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)
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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)
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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)
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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)
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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 C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME  
Judge Donald S Benton

3 ACCOUNT # (Ethics Commission filers)

4 Date  
026-00

5 Full name of contributor  out-of-state PAC  
Jim Bitz

6 Contributor address; City; State; Zip Code  
371 Sedno Tal Georgetown TX 78628

7 Amount of contribution (\$)  
75.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor  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  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  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  out-of-state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>DONALD S Steve Benton</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2-08-00</b>	5 Payee name <b>SUN CITY RAY</b>	7 Amount (\$) <b>3500.00</b>
6 Payee address; City; State; Zip Code <b>Georgetown TX 78628</b>		
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Political Ad</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2-08-00</b>	Payee name <b>Austin Shirt Company</b>	Amount (\$) <b>211.63</b>
Payee address; City; State; Zip Code <b>40204 Industrial Circle Georgetown TX</b>		
Purpose of expenditure (See instructions regarding type of information required.) <b>Political T shirts</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>02-10-00</b>	Payee name <b>Kwik Signs</b>	Amount (\$) <b>1214.88</b>
Payee address; City; State; Zip Code <b>1601 A-Hydro Dr Austin TX 78728</b>		
Purpose of expenditure (See instructions regarding type of information required.) <b>Political signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>02-10-00</b>	Payee name <b>McCoy's Lumber</b>	Amount (\$) <b>75.55</b>
Payee address; City; State; Zip Code <b>Georgetown TX</b>		
Purpose of expenditure (See instructions regarding type of information required.) <b>Sign materials</b>		** 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> TOTAL OF UNITEMIZED LOANS:                    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y            N	<b>8</b> Lender address;    City;    State;    Zip Code	<b>10</b> Interest rate
<b>12</b> Description of Collateral  <input type="checkbox"/> none		<b>11</b> Maturity date
<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;    City;    State;    Zip Code	<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation		<b>18</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC	Loan Amount (\$)
Is lender a financial institution?  Y            N	Lender address;    City;    State;    Zip Code	Interest rate
Description of Collateral  <input type="checkbox"/> none		Maturity date
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>                  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>DONALD S. Steve Benton</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>02-16-00</b>	5 Payee name <b>Roberts Printing</b>	7 Amount (\$) <b>607.04</b>
6 Payee address; City; State; Zip Code <b>Georgetown TX 78626</b>		
8 Purpose of expenditure <b>Political printing</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>02-14-00</b>	Payee name <b>H. E. B</b>	Amount (\$) <b>165.00</b>
Payee address; City; State; Zip Code <b>Georgetown TX 78626</b>		
Purpose of expenditure <b>Postage</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>02-14-00</b>	Payee name <b>Albertson's</b>	Amount (\$) <b>200.31</b>
Payee address; City; State; Zip Code <b>Georgetown TX 78626</b>		
Purpose of expenditure <b>Postage</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <del>02-22-00</del> <b>02-22-00</b>	Payee name <b>U.S. Postal Service</b>	Amount (\$) <b>132.00</b>
Payee address; City; State; Zip Code <b>Georgetown TX 78626</b>		
Purpose of expenditure <b>Postage</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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# 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

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

8 Amount (\$)

2-21-00

Williamson City SUN  
6 Payee address; City; State; Zip Code

247.50

700 MAIN Georgetown TX 78626

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

Reimbursement from political contributions intended

NEWS PAPER Ad

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule H:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> Date	<b>5</b> Business name  ..... <b>6</b> Business address; City; State; Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)		<b>9</b> ** 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

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