

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

Date Received
RECEIVED
APR 03 2000

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
680 CR 375 JARRELL TX 76537

Date Hand-delivered or Date Postmarked
ELECTIONS ADMINISTRATION

5 CAMPAIGN TREASURER NAME

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

Receipt # 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 Sadro TAL Georgetown TX 78628

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 930-5912

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 THROUGH Month Day Year
03 / 05 / 00 THROUGH 04 / 01 / 00

10 ELECTION

ELECTION DATE: Month Day Year: 04 / 11 / 00
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
 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Donald S. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | 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 | \$ 838.00 |
|---|-----------|

| | |
|--|------------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3400.00 |
|--|------------|

EXPENDITURE TOTALS

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

| | |
|---------------------------------|------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 4830.32 |
|---------------------------------|------------|

OUTSTANDING LOAN TOTALS

| | |
|---|------------|
| 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1500.00 |
|---|------------|

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 16, 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 3rd day of April, 2000, to certify which, witness my hand and seal of office.

Melissa Goins
Signature of officer administering oath

Melissa Goins
Printed name of officer administering oath

Notary Public
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: 14 3 | |
| 2 FILER NAME DONALD S BENTON | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 03/31/00 | 5 Full name of contributor <input type="checkbox"/> out of state PAC Billy & Brenda Cooper | 7 Amount of contribution (\$) 1,000.00 | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code RTI BOX 11240 JARRELL TX 76537 | | | |
| 9 Principal occupation | | 10 Employer (optional) | |
| Date 03/20/00 | Full name of contributor <input type="checkbox"/> out of state PAC JEAN MOORE | Amount of contribution (\$) 1,000.00 | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code 1603 Austin Ave Georgetown TX 78626 | | | |
| Principal occupation | | Employer (optional) | |
| Date 03/24/00 | Full name of contributor <input type="checkbox"/> out of state PAC JOHNNY LACEY | Amount of contribution (\$) 200.00 | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code 123 Sky Line Rd Georgetown TX 78628 | | | |
| Principal occupation | | Employer (optional) | |
| Date 03/24/00 | Full name of contributor <input type="checkbox"/> out of state PAC CHRIS LOQUE | Amount of contribution (\$) 150.00 | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code 112 Hester Hollow Georgetown TX 78628 | | | |
| Principal occupation | | Employer (optional) | |
| Date 03/24/00 | Full name of contributor <input type="checkbox"/> out of state PAC JOE AND SILVA COUNTER | Amount of contribution (\$) 100.00 | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code 30108 BRIAR CREST Georgetown TX 78628 | | | |
| Principal occupation | | 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 B

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

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 **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 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 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 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 Employer (optional)

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**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 of 3

2 FILER NAME

DONALD S. BENTON

3 ACCOUNT # (Ethics Commission files)

4 Date

03/24/00

5 Full name of contributor

JUDY SHANKLIN

out-of-state PAC

6 Contributor address; City; State; Zip Code

30207 BRIAR CREST, GEORGETOWN TX 78628

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/24/00

Full name of contributor

MARVIN WHALEY

out-of-state PAC

Contributor address; City; State; Zip Code

100 RANCH ROAD
GEORGETOWN TX 78628

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/24/00

Full name of contributor

JIMMY & RHA BITZ

out-of-state PAC

Contributor address; City; State; Zip Code

371 SEDRO TRAIL
GEORGETOWN TX 78628

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/24/00

Full name of contributor

RON GAHAGAN

out-of-state PAC

Contributor address; City; State; Zip Code

511 RIDGEWOOD DR
GEORGETOWN TX 78628

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/24/00

Full name of contributor

WILSON FOREMAN

out-of-state PAC

Contributor address; City; State; Zip Code

145 SUNDANCE TR
LIBERTY HILL TX 78642

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

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 C/OH & SPAC)

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A1: 3 of 3 | |
| 2 FILER NAME DONALD S Benton | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date 03/25/00 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC LARRY WILEY | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 910 GARDEN MEADOW DR GEORGETOWN TX 78628 | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 03/24/00 | Full name of contributor <input type="checkbox"/> out-of-state PAC DOUGLAS AND GENEVA GAMMEN | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2114 LIVE OAK CIRCLE ROUND ROCK TX 78681 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/24/00 | Full name of contributor <input type="checkbox"/> out-of-state PAC JOAN M. PRIMMS | Amount of contribution (\$) 75.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1401 BUCK OAK RD #3176 HINSDALE ILL | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/24/00 | Full name of contributor <input type="checkbox"/> out-of-state PAC JOHN + PATRICIA JUSTICE | Amount of contribution (\$) 75.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 200 HARBOR CIRCLE GEORGETOWN TX 78628 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/07/00 | Full name of contributor <input type="checkbox"/> out-of-state PAC WILSON FOREMAN | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 145 SUNDANCE TRL LIBERTY HILL TX 78642 | | | |
| 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

DONALD S. BENTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/08/00

5 Payee name

AUSTIN AMERICAN STATESMAN

6 Payee address;

City; State; Zip Code

AUSTIN TX

7

Amount (\$)

138.24

8 Purpose of expenditure

NEWS PAPER AD

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

Candidate / Officeholder name

Office sought / held

Date

03/16/00

Payee name

WILLIAMSON COUNTY SUN

Payee address;

City; State; Zip Code

GEORGETOWN TX

Amount (\$)

99.00

Purpose of expenditure

NEWS PAPER AD

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

Candidate / Officeholder name

Office sought / held

Date

03/19/00

Payee name

WILLIAMSON COUNTY SUN

Payee address;

City; State; Zip Code

GEORGETOWN TX

Amount (\$)

247.50

Purpose of expenditure

NEWS PAPER AD

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

Candidate / Officeholder name

Office sought / held

Date

03/24/00

Payee name

AUSTIN AMERICAN STATESMAN

Payee address;

City; State; Zip Code

AUSTIN TX

Amount (\$)

138.24

Purpose of expenditure

NEWS PAPER AD

-- 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 | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out of state PAC | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Description of Collateral <input type="checkbox"/> none | | |
| 13 GUARANTOR INFORMATION <input type="checkbox"/> 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 <input type="checkbox"/> 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 <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: 2 of 3 |
| 2 FILER NAME DONALD S. Benton | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 03/24/00 | 5 Payee name Kwik Signs | 7 Amount (\$) 538.75 |
| 6 Payee address; City; State; Zip Code 1601A Hydeo DR, Austin TX 78728 | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) SIGNS | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
| Date 03/28/00 | Payee name Roberts Printing | Amount (\$) 50.62 |
| Payee address; City; State; Zip Code 207 EAST 8th Georgetown TX 78626 | | |
| Purpose of expenditure (See instructions regarding type of information required.) COPIES | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
| Date 03/28/00 | Payee name Sunset Press | Amount (\$) 953.00 |
| Payee address; City; State; Zip Code 308 TEXAS AVE #100 Round Rock TX 78664 | | |
| Purpose of expenditure (See instructions regarding type of information required.) PRINTING | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
| Date 03/30/00 | Payee name Sunset Press | Amount (\$) 953.00 |
| Payee address; City; State; Zip Code 308 TEXAS AVE #100 Round Rock TX 78664 | | |
| Purpose of expenditure (See instructions regarding type of information required.) PRINTING | | ** 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 <i>DONALD S Benton</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ |
| 5 Date of loan <i>03-30-00</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC <i>DONALD S Benton</i> | 9 Loan Amount (\$) <i>900.00</i> |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code <i>680 CR 375 Georgetown TX 76537</i> | 10 Interest rate <i>0</i> |
| 11 Maturity date | | |
| 12 Description of Collateral <input checked="" type="checkbox"/> none | | |
| 13 GUARANTOR INFORMATION <input type="checkbox"/> 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 <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 | | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | Employer | |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>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:

3 of 3

2 FILER NAME

Donald S. Benton

3 ACCOUNT # (Ethics Commission files)

4 Date

03/30/00

5 Payee name

U.S. POSTAL SERVICE

6 Payee address:

City, State; Zip Code

Georgetown TX

7 Amount (\$)

1,711.97

8 Purpose of expenditure

Postage

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address:

City, State; Zip Code

Purpose of expenditure

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address:

City, State; Zip Code

Purpose of expenditure

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address:

City, State; Zip Code

Purpose of expenditure

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

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED