

# 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

Date Received

JUL 14 2000

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

ELECTIONS ADMINISTRATION  
Date Hand-delivered or Date Postmarked

Change of Address

*B White*

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: *Jimmy* MI: ~~STP~~  
NICKNAME: *Jim* LAST: *Blitz* SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): *371 Sedro Trl* 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: *04 / 02 / 00* THROUGH Month Day Year: *06 / 30 / 00*

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any): *Justice of Peace*

12 OFFICE SOUGHT (if known)

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

*Donald S. Steve Benton*

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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 \$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2100.00

EXPENDITURE TOTALS

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

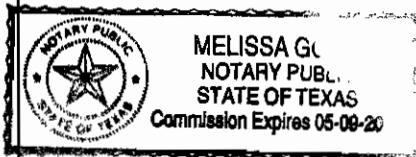
4. TOTAL POLITICAL EXPENDITURES \$ 447.67

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-

19 AFFIDAVIT

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



*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 13<sup>th</sup> day of July, 2000, to certify which, witness my hand and seal of office.

*Melissa Gains*  
Signature of officer administering oath

Melissa Gains  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME DONALD S. STEVE BENTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-3-00	5 Payee name Pete Peters	7 Amount (\$) 1,711.97
6 Payee address; City; State; Zip Code 450 W. MAIN ROUND ROCK, TEXAS		
8 Purpose of expenditure POSTAGE REIMBURSEMENT		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 4-3-00	Payee name Williamson County SUN	Amount (\$) 236.25
Payee address; City; State; Zip Code 709 S. MAIN GEORGETOWN, TEXAS 78626		
Purpose of expenditure ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 4-6-00	Payee name Williamson County SUN	Amount (\$) 236.25
Payee address; City; State; Zip Code 709 S. MAIN GEORGETOWN TX 78626		
Purpose of expenditure ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 4-12-00	Payee name THE COMMUNICATORS	Amount (\$) 350.00
Payee address; City; State; Zip Code 400 W. MAIN ROUND ROCK, TEXAS		
Purpose of expenditure ADVERTISING		** 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

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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 FILER NAME <b>DONALD S. Steve Benton</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4-17-00</b>	5 Payee name <b>Albertsons</b> 6 Payee address; City; State; Zip Code <b>610 N-Austin Georgetown TX 78626</b>	7 Amount (\$) <b>13.20</b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>4-24-00</b>	Payee name <b>Steve Benton</b> Payee address; City; State; Zip Code <b>680 CR 375 Georgetown TX 76537</b>	Amount (\$) <b>600.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>LOAN Repayment</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>5-4-00</b>	Payee name <b>Steve Benton</b> Payee address; City; State; Zip Code <b>680 CR 375 Georgetown TX 76537</b>	Amount (\$) <b>1,000.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>LOAN Repayment</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (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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# 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 FILER NAME

Donald S. Steve Benton

3 ACCOUNT # (Ethics Commission files)

4 Date

4-6-00

5 Full name of contributor

Shoat + Rodriguez

out-of-state PAC

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

213 West 8th  
Georgetown TX

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4-4-00

Full name of contributor

John Cutright

out-of-state PAC

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 13184  
Austin TX 78711-3184

Principal occupation (Optional)

Employer (Optional)

Date

4-14-00

Full name of contributor

K1U see Campaign for State Rep

out-of-state PAC

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13231 Briar Hollow  
Austin TX 78729

Principal occupation (Optional)

Employer (Optional)

Date

6-21-00

Full name of contributor

Williamson County Republican  
Women PAC

out-of-state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Round Rock TX

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)

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)

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages this Schedule B1:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>7</b> Pledgor address;           City;   State;   Zip Code			
<b>10</b> Principal occupation (optional)		<b>11</b> 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)	

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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 FILER NAME <b>Donald S. Steve Benton</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4-3-00</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <b>Betty Joseph</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2410 MESSICK Round Rock Tx</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>4-3-00</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC <b>Tom N. Pilgrim</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>120 1/2 W. 8th Georgetown Tx</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>4-3-00</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC <b>Yvonne Pritchett</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>30709 BERRY CREEK DR Georgetown Tx</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>4-3-00</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC <b>J. Randall Grimes</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>110 E. 7th Georgetown Tx</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>4-4-00</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC <b>Christopher Stanley</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3007 C. Williams DR Georgetown Tx</b>			
Principal occupation (Optional)		Employer (Optional)	
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# PLEGGED CONTRIBUTIONS

## SCHEDULE B1 (FOR FORMS C/OH & SPAC)

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<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC  ..... <b>7</b> Pledgor address;      City;   State;   Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation (optional)		<b>11</b> Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC  ..... Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC  ..... Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC  ..... Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC  ..... Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

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