

# 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**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: JP #3  
FIRST: STEVE  
MI:  
NICKNAME:  
LAST: BENTON  
SUFFIX:

**OFFICE USE ONLY**

Date Received: **RECEIVED**  
**JUL 13 2001**

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE  
**710 MAIN - Ste 203**  
**GEORGETOWN, TEXAS 78624**

ELECTIONS ADMINISTRATION  
Date Hand-delivered or Date Postmarked

*Martha L Stanley*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: JIMMY  
FIRST: JIMMY  
MI:  
NICKNAME: BITE  
LAST:  
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 SEDRO**  
**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  
**01 / 01 / 2001 THROUGH 06 / 30 / 2001**

10 ELECTION

ELECTION DATE: / /  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
**JP #3**

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

*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

GENERAL

SPECIFIC

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

\$

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

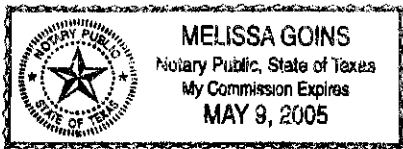
\$ *160<sup>14</sup>*

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 Steve Benton, this the 13<sup>th</sup> day of July, 2001, 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 A1 (FOR FORMS C/OH & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this Schedule A1:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC  <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC  Contributor address; City; State; Zip Code	Amount of contribution (\$)	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.**

# 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>\$</b>
<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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**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>11</b> Maturity date
<b>12</b> Description of Collateral <input type="checkbox"/> none			
<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
			Maturity date
Description of Collateral <input type="checkbox"/> none			
<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></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: <u>1</u>
2 FILER NAME <u>STEV BENTON</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4-6-01</u>	5 Payee name <u>BAKER SIGNS</u>	7 Amount (\$) <u>160.14</u>
6 Payee address; City; State; Zip Code <u>40212 Industrial Park Circle GEORGETOWN, TX 78626</u>		
8 Purpose of expenditure (See instructions regarding type of information required.) <u>SIGNS</u>		9 ** 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
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
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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# 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 filers)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> 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.)	
		<input type="checkbox"/> 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.)	
		<input type="checkbox"/> 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.)	
		<input type="checkbox"/> 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.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

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# 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
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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payor name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payor address;      City; State; Zip Code <hr/> <b>7</b> Reason for credit	<b>8</b> Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address;      City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address;      City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address;      City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address;      City; State; Zip Code <hr/> Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder