

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: JAN 15 2002

ELECTIONS ADMINISTRATION

Date Hand-delivered or Date Postmarked: Martha S. Stanley

Receipt #	Amount
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

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); APT / SUITE #; CITY; STATE; ZIP CODE
371 Sedaral 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
07 / 01 / 2001 THROUGH 12 / 31 / 01

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any): Justice of Peace Precinct 3
OFFICE SOUGHT (if known): Justice of Peace Precinct 3

13 NOTICE OF 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 filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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 \$ 895.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4715.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 132.06

4. TOTAL POLITICAL EXPENDITURES \$ 1659.48

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 15th day of January, 2002, 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, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Steve Benton</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-8-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DONALD E. Willhouse</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>30717 Berry Creek Dr Georgetown TX 78628</i>		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10-10-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James W. Harrell</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2816 OAKHAVEN Circle Georgetown TX 78628</i>		
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-2-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jim Embree</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>8050 Airport Rd Georgetown TX 78628</i>		
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-3-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sharon McCarty</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3412 Deer Tal Georgetown TX 78628</i>		
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-15-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Doering</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>30412 LA Quinta Georgetown, Texas 78628</i>		
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Steve Benton</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12-02-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACK BUCHANAN</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>510 SUZANA DR, Georgetown TX 78628</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10-21-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johanny Lacey</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>123 SKYLINE Georgetown TX 78628</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-16-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby Gutierrez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>405 SOUTH CROSS Georgetown TX 78628</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-9-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Cooper</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3788 W. FM 487 JARRELL TX 76537</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-12-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAN GATTIS</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7500 KIRBY DR Apt 915 Houston TX 77030</i>			
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Steve Benton</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-17-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>F.T. Woods Construction Sv</i> 6 Contributor address; City; State; Zip Code <i>PO BOX 122 Georgetown TX 78627</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>12-19-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert M Phillips III</i> Contributor address; City; State; Zip Code <i>P.O. Box 1698 Georgetown TX 78627</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-9-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Henry B. TIPPIE</i> Contributor address; City; State; Zip Code <i>PO Box 26557 Austin TX 78755</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-4-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted W. HejL</i> Contributor address; City; State; Zip Code <i>311 Talbot St. Taylor TX 76574</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-2-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. Gill And Associates</i> Contributor address; City; State; Zip Code <i>PO Box 217 Round Rock TX 78680</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 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, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Steve Benton</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-1-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John + Yvonne Fritchett</i> 6 Contributor address; City; State; Zip Code <i>30709 Berrycreek Dr. Georgetown, TX 78628</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>12-2-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANKIE LIMMER</i> Contributor address; City; State; Zip Code <i>12510 FM 1660 Taylor, TX 76574</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-9-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GLENN + MARY Weatherby</i> Contributor address; City; State; Zip Code <i>109 Blue Sky Court Georgetown TX 78628</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-5-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kerry Russell</i> Contributor address; City; State; Zip Code <i>20120 West Lake Parkway Georgetown, TX 78628</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-5-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judi Shanklin</i> Contributor address; City; State; Zip Code <i>30207 Briarcrest Dr Georgetown TX 78628</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Steve Benton

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-2-01

5 Full name of contributor out-of-state PAC (ID#)

MIKE DAVIS

6 Contributor address; City; State; Zip Code

109 S. Sheppard
Round Rock TX 78664

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-2-01

Full name of contributor out-of-state PAC (ID#)

John B. McMaster

Contributor address; City; State; Zip Code

120 West 8th
Georgetown TX 78626

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-17-01

Full name of contributor out-of-state PAC (ID#)

JACK WEBERNICK

Contributor address; City; State; Zip Code

120 West 8th St.
Georgetown TX 78626

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-17-01

Full name of contributor out-of-state PAC (ID#)

CHRISTOPHER STANLEY

Contributor address; City; State; Zip Code

3007 C Williams Dr
Georgetown TX 78628

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-16-01

Full name of contributor out-of-state PAC (ID#)

John & Janna Cutright

Contributor address; City; State; Zip Code

PO Box 13184
Austin TX

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Steve Benton</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-10-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Wilco Personal</i> 6 Contributor address; City; State; Zip Code <i>1801 WILLIAMS DR Georgetown TX 78628</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>11-01-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lucas C. Wilson</i> Contributor address; City; State; Zip Code <i>13706 RESEARCH BLVD Ste 308 Austin TX 78750</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>11-01-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tim Harris</i> Contributor address; City; State; Zip Code <i>Rt 3 Box 1865 Georgetown TX 78626</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-19-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TREPAC</i> Contributor address; City; State; Zip Code <i>PO Box 1986 Austin TX 78767</i>	Amount of contribution (\$) <i>240.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-16-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bill & Vicki SchwetzmANN</i> Contributor address; City; State; Zip Code <i>106 Redbird Trl Georgetown TX 78628</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
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:

2 FILER NAME *Steve Benton* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9-21-01</i>	5 Payee name <i>United States Postal office</i>	7 Amount (\$) <i>170.00</i>
6 Payee address; City; State; Zip Code <i>Georgetown TX 78626</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10-18-01</i>	Payee name <i>The Security Connection</i>	Amount (\$) <i>145.16</i>
Payee address; City; State; Zip Code <i>310 S. Austin Ave Georgetown TX 78626-5037</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Postage - office supplies</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>11-21-01</i>	Payee name <i>DAN BROWN</i>	Amount (\$) <i>340.00</i>
Payee address; City; State; Zip Code <i>Georgetown TX 78626</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Erect Political Signs</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10-11-01</i>	Payee name <i>Steve Benton</i>	Amount (\$) <i>204.32</i>
Payee address; City; State; Zip Code <i>680 CR 375 Jarrell TX 76537</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 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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POLITICAL EXPENDITURES

SCHEDULE F

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

2 FILER NAME Steve Benton 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12-30-1</u>	5 Payee name <u>Williamson County Republican Party</u>	7 Amount (\$) <u>800.00</u>
	6 Payee address; City; State; Zip Code <u>70 Box 393 Round Rock TX 78680</u>	

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 Office held
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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