

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: **4**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: Donald
MI: S
NICKNAME: STEVE
LAST: BENTON
SUFFIX:

OFFICE USE ONLY
RECEIVED

Date Received
JUL 10 2002

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

ELECTIONS ADMINISTRATION

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

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

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 371 SEDRO TRL - GEORGETOWN TX 78628
APT / SUITE #: CITY: STATE: ZIP CODE

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: 12 / 31 / 01 THROUGH Month Day Year: 7 / 15 / 02

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any): Justice of Peace - Oct 3

12 OFFICE SOUGHT (if known)

SAME

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

\$ 50⁰⁰

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

\$ 1200⁰⁰

EXPENDITURE TOTALS

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

\$ 4138

4. TOTAL POLITICAL EXPENDITURES

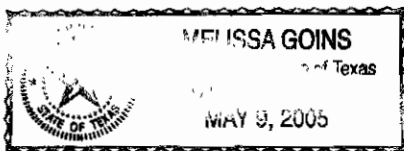
\$ 1361.42

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Benton, this the 10th day of July, 20 02, 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 STEVE BENTON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-2-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT L. & PATRICIA BERRYMAN	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 116 SKYLINE - GEORGETOWN TX 78628			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS BAIL PAC	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO. Box 722067 DALLAS, TX 75222-2067			
Principal occupation (Optional)		Employer (Optional)	
Date 2-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF RUSIK	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 RUSIK LANE GEORGETOWN, TX 78626			
Principal occupation (Optional)		Employer (Optional)	
Date 4-30-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN APARTMENT ASSN - PAC	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4107 MEDICAL PKWY - STE 100 AUSTIN, TX 78756-3729			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
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 (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 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 (ID# _____) 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 (ID# _____) 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 (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

STEVE BENTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Wm. Co. Rep. Party (Reagan Day Dinner)

8 Amount (\$)

500⁰⁰

6 Payee address; City; State; Zip Code

Georgetown - TX

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

Reagan Day Dinner

Reimbursement from political contributions intended

Date

Payee name

Georgetown Sp. Goods

Amount (\$)

41³⁸

Payee address; City; State; Zip Code

930 N. Austin - Georgetown, TX 78606

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

FOOTBALLS FOR CO/C Fundraiser

Reimbursement from political contributions intended

Date

Payee name

CHAMBER of Commerce

Amount (\$)

250⁰⁰

Payee address; City; State; Zip Code

Georgetown, TX

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

Dues - Sponsorship

Reimbursement from political contributions intended

Date

Payee name

JARRELL ISD

Amount (\$)

500⁰⁰

Payee address; City; State; Zip Code

JARRELL, TX 76537

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

Project Graduation

Reimbursement from political contributions intended

Date

Payee name

BAKER Signs

Amount (\$)

70⁰⁴

Payee address; City; State; Zip Code

40212 Ind. Pk. Cir. - Georgetown

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

MAGNETIC POLITICAL SIGNS

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 INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
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	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 Office 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 Office 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 Office held

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