

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <u>6</u>		OFFICE USE ONLY Data Received RECEIVED JUL 11 2006 Data Hand-delivered or Date Postmarked By: <u>[Signature]</u>
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>C</u> FIRST <u>DONALD</u> MI <u>S</u>	NICKNAME <u>STEVE</u> LAST <u>BENTON</u> SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	
		<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month / Day / Year	THROUGH	Month / Day / Year
		<u>1 / 1 / 06</u>		<u>6 / 30 / 06</u>

6 EXPLANATION OF CORRECTION

FAILED TO LIST ADDRESSES OF CONTRIBUTORS / EXPENDITURES

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

[Signature]

Sworn to and subscribed before me by DONALD S. BENTON this the 11th day of July, 20 06 to certify which, witness my hand and seal of office.

Rhoda K. Eastes RHODA K. EASTES NOTARY PUBLIC
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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	MS / MRS <input checked="" type="checkbox"/> MR FIRST: DONALD MI: S NICKNAME: STEVE LAST: BENTON SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 674 - JARRELL, TX 76537		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 943-1509		
6 CAMPAIGN TREASURER NAME	MS / MRS <input type="checkbox"/> MR FIRST: CARLA MI: J NICKNAME: 1 LAST: BENTON SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 674 - 680 CR 375 JARRELL, TX 76537		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 746-4178		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 06 06 / 30 / 06		
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) JP3	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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

15 C/OH NAME

Steve Benton

16 ACCOUNT # (Ethics Commission files)

17 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

100.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,072.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

2,778.28

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Steve Benton, this the 6th day of July, 2008, 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:	
2 FILER NAME Steve Benton		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-17-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDY SHANKLIN CAWES	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 30207 BRIARCROFT - GEORGETOWN, TX 78628			
9 Principal occupation / Job title (See Instructions) REAL ESTATE		10 Employer (See Instructions) MORELAND PROPERTIES	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	

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 (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 (ID#: _____)	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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address, City, State, Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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**

2 FILER NAME **STEUER BENTON** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1.10.06	5 Payee name Williamson Co. Republican Party	7 Amount (\$) \$1,000⁰⁰
	6 Payee address; City; State; Zip Code P.O. Box 393 - Round Rock, TX 78680	

8 Purpose of payment (See instructions regarding type of information required.) REAGAN DAY DINNER	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1.17.06	Payee name CHAMBER OF COMMERCE	Amount (\$) 240⁰⁰
	Payee address; City; State; Zip Code 100 STADIUM DR. GEORGETOWN, TX 78626	

Purpose of payment (See instructions regarding type of information required.) GOLF TOURNAMENT SPONSORSHIP	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4.30.06	Payee name JARRELL PROJECT GRADUATION	Amount (\$) 300⁰⁰
	Payee address; City; State; Zip Code 12701 N. IH35 - JARRELL, TX 76537	

Purpose of payment (See instructions regarding type of information required.) FUND RAISER FOR ALCOHOL FREE GRADUATION PARTY	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5.30.06	Payee name DAN GATTIS, Sr	Amount (\$) 500⁰⁰
	Payee address; City; State; Zip Code 1850 CR. 105 Hutto, TEXAS	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN FUND RAISER	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>STEV BENTON</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>6-15-06</u>	5 Payee name <u>Georgetown Jaycees</u> 6 Payee address; City; State; Zip Code <u>Georgetown, TX 78626</u>	7 Amount (\$) <u>32.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>TICKETS FOR CHILDREN'S DAY</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee 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	Payee name Payee 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	Payee name Payee 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED