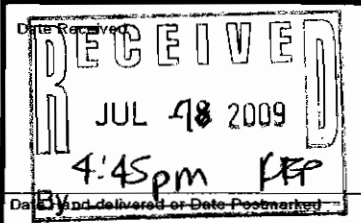


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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: <b>18</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>DONALD</b>	MI <b>S</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME <b>STEVE</b>	LAST <b>BENTON</b>	SUFFIX		



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	<b>P.O. Box 674 JARRILL, TX 76537</b>				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(512) 746-4178</b>		

Receipt #	Amount
Date Processed	
Date Imaged	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>CARLA</b>	MI <b>J</b>
	NICKNAME <b>BENTON</b>	LAST	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	<b>P.O. Box 674 JARRILL, TX 76537</b>				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(512) 746-4178</b>		

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
	<b>01 / 01 / 09</b>			<b>06 / 30 / 09</b>			

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any) <b>WILLIAMSON CO. JUSTICE OF THE PEACE #3</b>	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** Donald S (Steve) Benton **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

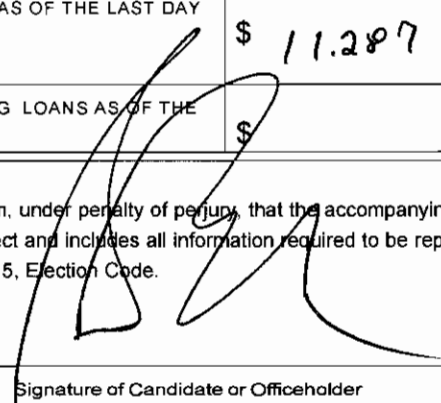
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1490 <sup>-</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12165 <sup>-</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2617 <sup>85</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,287 <sup>93</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. 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.



Signature of Candidate or Officeholder

**AFFIX NOTARY STAMP / SEAL ABOVE**

Sworn to and subscribed before me, by the said Steve Benton, this the 7<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.

Melissa Goins Melissa Goins Notary Public

Signature of officer administering oath      Printed name of officer administering oath      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: <span style="float:right">1-14</span>	
2 FILER NAME <b>DONALD S. (STEVE) BENZON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4.4.09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MIKE FLETCHER</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>108 AGAVE LN. GEORGETOWN, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <b>4.4.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>DAVID G. MARSHALL</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1813 Georgetown, TX 78627</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>4.5.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>STEVE OR LESLIE DOELING</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>30412 LA QUINTA Georgetown TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>4.5.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ROGER OR ADDIE BUSFIELD</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2267 Georgetown, TX 78627</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>4.5.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MIKE MERSIOSKY</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 283 Georgetown, TX 78627</b>		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2-14</b>	
2 FILER NAME <b>DONALD S. (STEVE) BENTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4.6.09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>HENRY B. TIERIE</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 26557 Austin TX 78755</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4.5.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>HOWARD / BARBARA KONETCHY</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>107 TRAIL RIDGE WAY Georgetown, TX 78626</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4.6.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MR. &amp; MRS. CARL DOERING</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>705 Co. Club Rd. Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4.7.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>W.B OR C.M. KILBERTW</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>119 BLAZING STAR D. Georgetown, TX 78633</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4.6.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JOHN OR KRISTILLA YEALWOOD</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5301 Hwy 195 Georgetown, TX 78626</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **3-14**

2 FILER NAME **DONALD S (STEVE) BERTON** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4-7-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>STANLEY BLAND</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 226 Georgetown, TX 78627</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>4-7-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>LAN / PATTI HEWLETT, III</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>30321 LA QUINTA Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4-7-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>RUSSELL + RODRIGUEZ G.P.</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1633 WILLIAMS DR. STE 200 Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4-8-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JEFF E. RUSK</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 RUSK LANE Georgetown, TX 78626</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4-8-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JEFF RUSK (SUSAN)</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 RUSK LANE Georgetown, TX 78626</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4-14**

2 FILER NAME

**DAVID S (STEVE) BENTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4.8.09**

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

**TODD + CAROL WOODS**

7 Amount of contribution (\$)

**250<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**412 SOUTHCROSS RD  
GEORGETOWN, TX 78628**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**4.9.09**

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

**WILLIAM BOOTH**

Amount of contribution (\$)

**100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**3304 BRANGUS RD  
GEORGETOWN, TX 78628**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4.9.09**

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

**RAY BRZEE**

Amount of contribution (\$)

**100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**9109 CR 272  
BERTRAM, TX 78605**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4.9.09**

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

**ROBERT OR PAULA BREX**

Amount of contribution (\$)

**100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**31105 KINGSWAY RD  
GEORGETOWN, TX 78628**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4.9.09**

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

**L. MILLS**

Amount of contribution (\$)

**250<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1900 C.R. 103  
GEORGETOWN, TX 78626**

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5-14</b>	
2 FILER NAME <b>DONALD S. (STEVE) BENTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4.10.09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Rocky Castle Berry</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3613 Williams Dr. #903 Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <b>4.10.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim Schwertner</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1 Schwertner, TX 76573</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>4.10.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PATRICIA J. Cummings</b>	Amount of contribution (\$) <b>150<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>405 Round Rock Ave Round Rock, TX 78664</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>4.11.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James D. Morgan</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 151 Georgetown, TX 78627</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>4.13.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim Embree</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4747 Williams Dr. Georgetown, TX 78633</b>		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6-14</b>	
2 FILER NAME <b>DONALD S (STEVE) BENSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4.13.09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SYLVIA Y. COULTER</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>30108 BRIARCREST DR GEORGETOWN TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4.14.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ROBERT PHILLIPS</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1698 GEORGETOWN TX 78627</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4.15.09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ROBERT/JERRI JONES</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5003 FOUNTAINWOOD CIRCLE GEORGETOWN, TX 78633</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-19-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>DAVID L. SKINNER</b>	Amount of contribution (\$) <b>300<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>34 SKYLINE RD. GEORGETOWN, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-15-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BRYAN OR MARSHA FARNLEY</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 143505 AUSTIN TX 78714</b>		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2-14

2 FILER NAME

DONALD S (STEVE) BENTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.15.09

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

MIKE DAVIS

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

1717 N. 1835 # 300  
ROUND ROCK TX 78664

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4.16.09

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

R.C. OR VIRGINIA DIPPREY

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

P.O. BOX 2593  
GEORGETOWN TX 78627

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.17.09

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

William APT

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

816 CONGRESS # 1510  
AUSTIN TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.15.09

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

DR. OR MRS. STEPHAN SCHAEFEN

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

109 RANCHO BUENO DR.  
GEORGETOWN, TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.16.09

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

HOWAY / BREEN

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

1900 PEARL ST.  
AUSTIN, TEXAS 78705

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **8-14**

2 FILER NAME

**Donald S. (Steve) Benton**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4-18-09**

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

**STEPHEN OR JOAN ELEAN**

7 Amount of contribution (\$)

**250<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**103 DEER CHASE  
VICTORIA, TX 77901**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**4-17-09**

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

**HARVEY ALLEN**

Amount of contribution (\$)

**250<sup>50</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**527 S. SARAZEN LOOP  
GEORGETOWN, TX 78628**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-20-09**

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

**Ivy Jay Arroyo**

Amount of contribution (\$)

**100<sup>50</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2332 LOIS LANE  
BROWNSVILLE, TX 77820**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-20-09**

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

**CRAIG MORGAN (ANANDA)**

Amount of contribution (\$)

**100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**3703 HARVEY PENICK COVE  
ROUND ROCK, TX 78664**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-19-09**

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

**JOHN GUSTAINIS**

Amount of contribution (\$)

**300<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**776 COUNTY RD 261  
GEORGETOWN TX 78633**

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>9-14</u>	
2 FILER NAME <u>DONALD S (STEVE) BENTON</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4-20-09</u>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#) <u>BOBBY FREDRICKSON</u>	7 Amount of contribution (\$) <u>100<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6601 S. LAKEWOOD DR. #101 GEORGETOWN TX 78628</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <u>4-20-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>BECK FUNERAL HOME</u>	Amount of contribution (\$) <u>200<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>15709 RR 620 N. AUSTIN, TX 78717</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>4-20-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>TIMOTHY/LANELL HAYNE</u>	Amount of contribution (\$) <u>200<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1010 PROVIDENT LANE ROUND ROCK, TX 78664</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>4-20-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>PHYLLIS/TOMAS SKELTON</u>	Amount of contribution (\$) <u>250<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>205 CLEAR SPRINGS GEORGETOWN, TX 78628</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>4-20-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>PATRICK/HOLLY STEVENS</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>508 RIVER CHASE DR GEORGETOWN, TX 78628</u>		(If travel outside of Texas, complete Schedule T)	

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **10-14**

2 FILER NAME  
**DOALD S (STEVE) BONTON**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **4-20-09**  
5 Full name of contributor:  out-of-state PAC (ID#)  
**THOMAS/MARTHA CRAWFORD**  
6 Contributor address: City; State; Zip Code  
**103 EGRET COVE  
GEORGETOWN, TX 78633**

7 Amount of contribution (\$): **100<sup>00</sup>**  
8 In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **4-20-09**  
Full name of contributor:  out-of-state PAC (ID#)  
**Tim/AUGIE HARRIS**  
Contributor address: City; State; Zip Code  
**3501 HWY 29E  
GEORGETOWN, TX 78626**

Amount of contribution (\$): **100<sup>00</sup>**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4-20-09**  
Full name of contributor:  out-of-state PAC (ID#)  
**WILLIAM/DONNA SHELL**  
Contributor address: City; State; Zip Code  
**817 SHADY HOLLOW DR  
GEORGETOWN, TX 78628**

Amount of contribution (\$): **100<sup>00</sup>**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4-20-09**  
Full name of contributor:  out-of-state PAC (ID#)  
**Tom PILGRIM**  
Contributor address: City; State; Zip Code  
**2908 ADDIE LAKE  
GEORGETOWN, TX 78628**

Amount of contribution (\$): **100<sup>00</sup>**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4-20-09**  
Full name of contributor:  out-of-state PAC (ID#)  
**BILL NATION'S**  
Contributor address: City; State; Zip Code  
**P.O. Box 1105  
GEORGETOWN, TX 78627**

Amount of contribution (\$): **500<sup>00</sup>**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 11-14

2 FILER NAME: **DONALD S (STEVE) BERTON** 3 ACCOUNT # (Ethics Commission filers)

4 Date: 4-20-09	5 Full name of contributor: <b>ED WALSH</b> Contributor address; City; State; Zip Code: <b>405 ROUND ROCK AVE ROUND ROCK TX 78660</b>	7 Amount of contribution (\$): <b>150<sup>00</sup></b>	8 In-kind contribution description (if applicable):
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(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date: 4-22-09	Full name of contributor: <b>CURT HAWES</b> Contributor address; City; State; Zip Code: <b>704 W. UNIVERSITY GEORGETOWN TX 78626</b>	Amount of contribution (\$): <b>100<sup>00</sup></b>	In-kind contribution description (if applicable):
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 4-22-09	Full name of contributor: <b>HARRY OR LUCIE JUNG</b> Contributor address; City; State; Zip Code: <b>P.O. BOX 55 GEORGETOWN TX 78627</b>	Amount of contribution (\$): <b>75<sup>00</sup></b>	In-kind contribution description (if applicable):
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 4-22-09	Full name of contributor: <b>GORDON LOGAN</b> Contributor address; City; State; Zip Code: <b>20159 WESTLAKE DR WY GEORGETOWN TX 78628</b>	Amount of contribution (\$): <b>100<sup>00</sup></b>	In-kind contribution description (if applicable):
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 4-23-09	Full name of contributor: <b>JIM CASKEY</b> Contributor address; City; State; Zip Code: <b>P.O. BOX 876 GEORGETOWN TX 78627</b>	Amount of contribution (\$): <b>100<sup>00</sup></b>	In-kind contribution description (if applicable):
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(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>12-14</b>	
2 FILER NAME <b>DONALD S (STEVE) BENTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4-24-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>WEST SAUND</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>313 W. 10th ST. Georgetown, TX 78626</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <b>4-30-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JOHNNY LACY</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>123 SKYLINE RD Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>5-1-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>William/Tylene Gmiston</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 569 Georgetown, TX 78627</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>5-5-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>CHARLES / Jodie STEGER</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>339 RIVER CHASE BLVD Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <b>5-5-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ERICK / LEAN BRASHEAR</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2955 DAWN DR. # 13 Georgetown, TX 78628</b>		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: right;">13-14</p>	
2 FILER NAME <p style="font-size: 1.2em;">DONALD S (STEV) BENTON</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.2em;">5.5.09</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">Dennis / KAROL CHAPMAN Jr.</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">100<sup>00</sup></p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4501 Hwy 29 W Georgetown, TX 78628</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5-28-09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">LUCKAS C. WILSON</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100<sup>00</sup></p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">704 M.L.K., Georgetown, TX 78626</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">5-28-09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">DON R. &amp; DONNA HEWLETT</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100<sup>00</sup></p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">900 CR. 237 Florence, TX 76527</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">6.1.09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">BRENDA COOPER</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250<sup>00</sup></p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3788 W. FM 487 Jarrell, TX 76537</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">6.9.09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">KAREN GATTIS</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250<sup>00</sup></p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1850 CR 105 Hutto, TX 78634</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float:right">14-14</span>	
2 FILER NAME <b>DONALD S (STAS) BENSON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6-18-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William E./Cynthia V. Wehring</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2201 CR 156 GRANGER, TX 76530</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1-2
2 FILER NAME <b>DONALD S. (STEVE) BENTON</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3-31-09</b>	5 Payee name <b>MINUTEMAN PRESS</b> 6 Payee address; City; State; Zip Code <b>1011 LEANDER RD GEORGETOWN, TX 78628</b>	7 Amount (\$) <b>663<sup>25</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>PRINTING</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>STEVE BENTON - JP3</b> Office sought: <input type="checkbox"/> Office held: <input checked="" type="checkbox"/>
Date <b>4-20-09</b>	Payee name <b>Tony &amp; Luigi's</b> Payee address; City; State; Zip Code <b>1201 S. CHURCH ST. GEORGETOWN, TX 78626</b>	Amount (\$) <b>650<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN FUND RAISER</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>STEVE BENTON JP#3</b> Office sought: <input type="checkbox"/> Office held: <input checked="" type="checkbox"/>
Date <b>4-28-09</b>	Payee name <b>CHARLES CARTER</b> Payee address; City; State; Zip Code <b>234 OLDE OAK DR. GEORGETOWN, TX 78628</b>	Amount (\$) <b>500<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN MANAGER</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>STEVE BENTON JP3</b> Office sought: <input type="checkbox"/> Office held: <input checked="" type="checkbox"/>
Date <b>5-6-09</b>	Payee name <b>MINUTEMAN PRESS</b> Payee address; City; State; Zip Code <b>1011 LEANDER RD. GEORGETOWN, TX 78628</b>	Amount (\$) <b>7734</b>
Purpose of payment (See instructions regarding type of information required.) <b>PRINTING</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>STEVE BENTON JP3</b> Office sought: <input type="checkbox"/> Office held: <input checked="" type="checkbox"/>
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
2-2

2 FILER NAME  
DONALD S. (STEVE) BENTON

3 ACCOUNT # (Ethics Commission filers)

4 Date  
5-12-09

5 Payee name  
U.S. Post Office  
6 Payee address; City; State; Zip Code  
2300 SCENIC Drive  
Georgetown, TX 78626

7 Amount (\$)  
4400

8 Purpose of payment (See instructions regarding type of information required.)  
STAMPS  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name: STEVE BENTON JP3  
Office sought:  Office held:

Date  
6-22-09

Payee name  
MINUTEMAN Press  
Payee address; City; State; Zip Code  
1011 LEANDER Rd.  
Georgetown TX 78628

Amount (\$)  
5827

Purpose of payment (See instructions regarding type of information required.)  
PRINTING  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name: Office sought: Office held:

Date  
1-30-09

Payee name  
BOBBY GUTIERREZ  
Payee address; City; State; Zip Code  
301 S.E. INNER LOOP  
Georgetown TX 78626

Amount (\$)  
625.00

Purpose of payment (See instructions regarding type of information required.)  
REAGAN Day Donation  
(If travel outside of Texas, complete Schedule T)

-- 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.)  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name: Office sought: Office held:

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