

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Benton, Steve (Mr.)

15 ACCOUNT # (Ethics Commission files)
00000210

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,205.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9,082.93

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 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 12th day of January, 20 10, to certify which, witness my hand and seal of office.

Melissa Goins
Signature of officer administering oath

Melissa Goins
Print 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 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Benton, Steve (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000210	
4 Date 07/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De Villez, Sue 6 Contributor address; City; State; Zip Code 4500 Williams Dr Ste 212 PMB 403 Georgetown, TX 78633	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Charles Contributor address; City; State; Zip Code 134 Warbler Way Georgetown, TX 78633	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gutierrez, Bobby Contributor address; City; State; Zip Code 301 SE Inner Loop Georgetown, TX 78626	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hancock, JR Contributor address; City; State; Zip Code PO Box 2143 Round Rock, TX 78680	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Charles Contributor address; City; State; Zip Code 1507 Bishop Dr Salado, TX 76571	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 4/5
2 FILER NAME Benton, Steve (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000210
4 Date 08/24/2009	5 Payee name Ben Hur Shrine Circus 6 Payee address; City; State; Zip Code 7811 Rockwood Lane Austin, TX 78757	7 Amount (\$) \$100.00
6 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2009	Payee name Carter, Rusty Payee address; City; State; Zip Code PO Box 686 Round Rock, TX 78680	Amount (\$) \$210.00
Purpose of payment (See instructions regarding type of information required.) Sign Placement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/19/2009	Payee name Georgetown Area Republican Womens Club Payee address; City; State; Zip Code 4500 Williams Dr PMB 403 Georgetown, TX 78628	Amount (\$) \$600.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship Scholarship Fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/07/2009	Payee name Georgetown Evening Lions Club Payee address; City; State; Zip Code 311 E University Ave Georgetown, TX 78626	Amount (\$) \$45.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 5/5

2 FILER NAME Benton, Steve (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000210

4 Date	5 Payee name Williamson Co Republican Party	7 Amount (\$)
12/03/2009	6 Payee address; City; State; Zip Code 716 Rock St Georgetown, TX 78626	\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.) Filing Fee for Re-election (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Williamson Co Republican Party	Amount (\$)
12/20/2009	Payee address; City; State; Zip Code 716 Rock St Georgetown, TX 78626	\$1,250.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship Reagan Day Dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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