

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-bottom: 1px dotted black;">TITLE</td> <td style="width:35%; border-bottom: 1px dotted black;">FIRST JEFFERSON</td> <td style="width:10%; border-bottom: 1px dotted black;">MI W</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">NICKNAME</td> <td style="border-bottom: 1px dotted black;">LAST BARTON</td> <td style="border-bottom: 1px dotted black;">SUFFIX</td> </tr> </table>	TITLE	FIRST JEFFERSON	MI W	NICKNAME	LAST BARTON	SUFFIX	REC'D JAN 16 1996 <i>Joe</i>									
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NICKNAME	LAST BARTON	SUFFIX															
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX:</td> <td style="width:25%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:15%;">STATE:</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5">3480 JACK HAYS TR, BUENA, TX 78610</td> </tr> </table>			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	3480 JACK HAYS TR, BUENA, TX 78610								
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11 OFFICE	OFFICE HELD (if any) HAYS COUNTY COMMISSIONER DIST 2	12 OFFICE SOUGHT (if known)															
13 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 NONE KNOWN.																	
Address / PO Box, Apt / Suite #, City, State, Zip Code																	
<input type="checkbox"/> additional pages																	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

*** This listing includes 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

NONE

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE
TOTALS

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

\$ 102.31

4. TOTAL POLITICAL EXPENDITURES

\$ 377.31

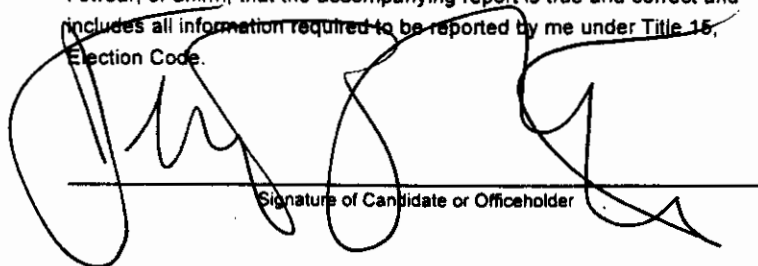
OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, 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 Jeff BARTON, this the 16 day of JAN. 19 96, to certify which, witness my hand and seal of office.

Joyce A. Cowan
Signature of officer administering oath

Joyce A. Cowan
Print name of officer administering oath

Elec. Admin.
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JEFF BARTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/21/95

5 Payee name

Don Montague Campaign

7 Amount (\$)

50.00

6 Payee address, City, State, Zip Code

Driftwood, Tx

8 Purpose of expenditure

Donation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

10/31/95

Payee name

Fddy Eberedse Campaign

Amount (\$)

75.00

Payee address, City, State, Zip Code

Kyle, Tx

Purpose of expenditure

Tickets to BBQ

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

11/21/95

Payee name

Postmaster

Amount (\$)

85.00

Payee address, City, State, Zip Code

Buda, Tx 78610

Purpose of expenditure

Postal Permit

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

12/13/95

Payee name

Margie Anderson

Amount (\$)

65.00

Payee address, City, State, Zip Code

Kyle, Tx

Purpose of expenditure

Food/Entertainment
Expense

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED