

CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH

PG 1

See C/OH INSTRUCTION GUIDE for detailed instructions.		1 ACCOUNT #	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Jefferson W. Barton	OFFICE USE ONLY REC'D JAN 21 1997 Jac	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3480 Jack C. Hayz Buda, TX 78610		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Cyndy Slovak-Barton	Receipt #	HO / PM Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE Same	Date Processed	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 268-0841		
8 REPORT TYPE	<input checked="" 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 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)		
9 PERIOD COVERED	Month Day Year 7 / 1 / 96	THROUGH	Month Day Year 12 / 31 / 96
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) County Commissioner	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: N/A Address / PO Box, Apt. / Suite #: City, State, Zip Code		
<input type="checkbox"/> additional pages			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

GO TO PAGE 2

C/OH REPORT: SUPPORT & TOTALS

FORM C/OH
PG 2

14] C/OH NAME	15] ACCOUNT #
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16] -- This listing includes political expenditures by political committees for candidates or officeholders. 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. --

SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	OFFICE USE
	<div style="font-size: 2em; font-family: cursive;">N/A</div>		

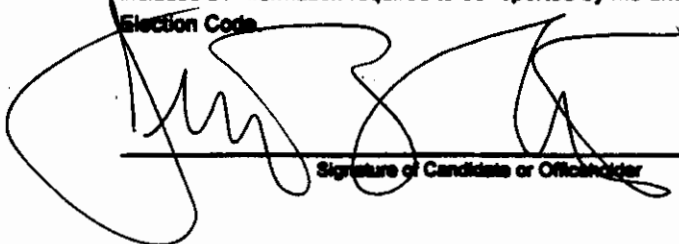
17] NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

CONTRIBUTION AND LOAN 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)	\$ —
	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 130 ⁰⁰
	5. TOTAL POLITICAL EXPENDITURES	\$ 983 ⁰⁰

18] 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 Jefferson W. Barton, this the 21 day of JAN. 19 97, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	<u>Blanton</u> Elec. Admin. Print name of officer administering oath	<u>Joyce A. Cowan</u> Title of officer administering oath
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POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION Guide for detailed instructions.		1 Total pages Schedule F:
2 FILER NAME Jefferson W. Barton		3 ACCOUNT #
4 Date 8/1/96	5 Payee name North Hays County Optimists 6 Payee address: City: State: Zip Code Buda, TX 78610	7 Amount (\$) 68 ⁰⁰
8 Purpose of expenditure donation for parkland purchase		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 8/1/96	Payee name Hays County Democratic Party Payee address: City: State: Zip Code Guadalupe St., San Marcos, TX 78666	Amount (\$) \$100 ⁰⁰
Purpose of expenditure Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 10/15/96	Payee name Buda Elementary PTA Payee address: City: State: Zip Code San Marcos St., Buda, TX 78610	Amount (\$) 50 ⁰⁰
Purpose of expenditure Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 11/10/96	Payee name Free Press Payee address: City: State: Zip Code POB 339 Buda, TX 78610	Amount (\$) \$550 ⁰⁰
Purpose of expenditure Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought

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POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION GUIDE for detailed instructions.		1 Total pages Schedule F:
2 FILER NAME <i>Jefferson W. Barton</i>		3 ACCOUNT #
4 Date <i>12/29/96</i>	5 Payee name <i>U.S.P.O.</i>	7 Amount (\$) <i>85 -</i>
6 Payee address: City: State: Zip Code <i>Buda, TX 78610</i>		
8 Purpose of expenditure <i>Postal Permit dues</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought

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