

# CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH

PG 1

<input type="checkbox"/> See C/OH Instruction Guide for detailed instructions.		<b>1</b> ACCOUNT #		<b>2</b> Total pages filed:	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME		TITLE FIRST MI Jefferson W. NICKNAME LAST SUFFIX Barton		OFFICE USE ONLY  1-15-98 jac	
<b>4</b> CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3480 Jack C. Hayp Buda, TX 78610			
<b>5</b> CAMPAIGN TREASURER NAME		TITLE FIRST MI Cyndy NICKNAME LAST SUFFIX Slovak-Barton		Receipt # HD / PM Amount Date Processed	
<b>6</b> CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE same			
<b>7</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 268-0841			
<b>8</b> 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"/> 9th day before election <input type="checkbox"/> Exceeded \$800 limit <input type="checkbox"/> Final report (Attach C/OH - PR)			
<b>9</b> PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 7 / 1 / 97    12 / 31 / 97			
<b>10</b> ELECTION		ELECTION DATE Month Day Year 3 / 10 / 98		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE		<b>11</b> OFFICE HELD (if any) County Commissioner		<b>12</b> OFFICE BOUGHT (if known) Same	
<b>13</b> DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		<p>-- 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 expenditures. --</p> 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 <u>Jefferson Barton</u>	15] ACCOUNT #
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16] SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	-- 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. --		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME <u>[Signature]</u>  COMMITTEE CAMPAIGN TREASURER ADDRESS	OFFICE USE  <div style="border: 1px solid black; height: 20px; width: 100%;"></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)	\$ 500 —
	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	\$ —
	5. TOTAL POLITICAL EXPENDITURES	\$ 285 —

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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Barton this the 16th day of January 19 98, to certify which, witness my hand and seal of office.

Veronica Muzquiz      Veronica Muzquiz      Notary Public  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

See INSTRUCTION Guide for detailed instructions.		1 Total pages Schedule F: 1
2 FILER NAME Jefferson Barton		3 ACCOUNT #
4 Date 10/23/97	5 Payee name Buda PTA 6 Payee address: City, State, Zip Code San Marcos St., Buda, TX 78610	7 Amount (\$) 50-
8 Purpose of expenditure donation		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 11/6/97	Payee name U.S.P.O. Payee address: City, State, Zip Code Buda, TX 78610	Amount (\$) 85-
Purpose of expenditure Bulk Permit		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought
Date 12/10/97	Payee name Free Press Payee address: City, State, Zip Code P.O. Box 4339 Buda, TX 78610	Amount (\$) 150-
Purpose of expenditure Advertising		-- 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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

See INSTRUCTION Guide for detailed instructions.			1 Total pages Schedule A: 1
2 FILER NAME Jefferson Barton			3 ACCOUNT #
4 Date 12/10/97	5 Full name of contributor Dale Linebanger <input type="checkbox"/> out of state PAC		7 Amount of contribution (\$) \$500 <sup>00</sup>
	6 Contributor address: City: State: Zip Code Bliss Spillar Rd, Manchaca, TX 78652		8 In-kind contribution description (if applicable):
9 Principal occupation		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC		Amount of contribution (\$)
	Contributor address: City: State: Zip Code		In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC		Amount of contribution (\$)
	Contributor address: City: State: Zip Code		In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC		Amount of contribution (\$)
	Contributor address: City: State: Zip Code		In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC		Amount of contribution (\$)
	Contributor address: City: State: Zip Code		In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	

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**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**