

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:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jeff
Barton

OFFICE USE ONLY

Date Received
Jan JAN 17 2006
ELECTION OFFICE

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

Change of Address

201 Marietta's Way
Buda, TX 78610

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 268-0841

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Cynda
Slovak-Barton

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

201 Marietta's Way
Buda, TX 78610

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 268-0841

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year MONTH Day Year

11 / 15 / 05 THROUGH 12 / 31 / 05

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

3 / 7 / 2006 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner, Pct. 2

14 NOTICE
OF 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

Address / PO Box: Apt / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jeff Barton

16 ACCOUNT # (Ethics Commission filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION 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)

\$

2,850-

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

750-

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

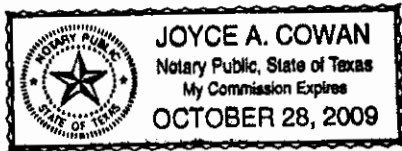
2,100-

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Jeff Barton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeff Barton, this the 17 day of JAN., 2006, to certify which, witness my hand and seal of office.

Joyce A. Cowan
Signature of officer administering oath

Joyce A. Cowan
Printed name of officer administering oath

NOTARY
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: 2	
2 FILER NAME Jeff Barton		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/28/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Huth	7 Amount of contribution (\$) \$100 -	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 200 Walter Circ., Buda 78610			
9 Principal occupation / Job title (See Instructions) NTEU Attorney		10 Employer (See Instructions)	
Date 11/28/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halley Ortiz	Amount of contribution (\$) \$100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2600 Robin Rd. Manchaca, Tx 78652			
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)	
Date 11/28/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lila Knight	Amount of contribution (\$) \$500 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1713 N. Burleson Kyle, TX 78640			
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) self	
Date 12/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Huth	Amount of contribution (\$) \$100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Same			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Wynette Barton	Amount of contribution (\$) \$1,000⁰⁰ -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 N. Burleson Kyle, TX 78640			
Principal occupation / Job title (See Instructions) retired Businessman/Analyst		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**

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2 FILER NAME Jeff Barton		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/19/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eileen Altmiller	7 Amount of contribution (\$) \$50-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1405 Buda, TX 78610			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/19/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Linebarger	Amount of contribution (\$) \$1,000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 West 9th, # 405 Austin, TX 78703			
Principal occupation / Job title (See Instructions) ABM		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			
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			
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			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Jeff Barton		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/9/05	5 Payee name Hays County Democratic Party	7 Amount (\$) \$750 -
6 Payee address; City; State; Zip Code P.O. Box 1509 Kyle, TX 78640		
8 Purpose of payment (See instructions regarding type of information required.) filing fee		9 ** 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.)		** 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.)		** 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.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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