

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission files) 2 Total pages filed:

3 COMMITTEE NAME
 DRAFT JEFF BARTON FOR HAYS CO. JUDGE

4 COMMITTEE ADDRESS
 Change of Address
 ADDRESS / PO BOX APT / SUITE #, CITY, STATE, ZIP CODE
 PO BOX 1174 BUDA TX 78610

OFFICE USE ONLY
 Date Received: *faxed 1-18-10 JH*
 Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME
 MRS / MRS / MR FIRST MI
 HALLEY
 NICKNAME LAST SUFFIX
 ORTIZ

Receipt # Amount
 Date Processed
 Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
 (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 2600 ROBIN ROAD
 MANCHACA TX 78652

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address
 STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 280-0570

9 REPORT TYPE
 January 15 30th day before election Exceeded \$500 limit
 July 15 60th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 12 / 15 / 09 THROUGH 01 / 01 / 10

11 ELECTION
 ELECTION DATE: Month Day Year
 ELECTION TYPE: Primary Runoff General Special

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME DRAFT JEFF BARTON FOR HAYS CO. JUDGE	ACCOUNT # (Ethics Commission files)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME JEFF BARTON
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) PCT. 2 COUNTY COMMISSIONER
<input type="checkbox"/> OPPOSE (Candidate or Measure)	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input type="checkbox"/> ASSIST (Officeholder)		ELECTION DATE Month / Day / Year
		DESCRIPTION

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ϕ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ ϕ
	4. TOTAL POLITICAL EXPENDITURES	\$ ϕ
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ϕ

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.

[Handwritten Signature]
Signature of campaign treasurer

AFFIX OFFICIAL SEAL ABOVE

Sworn to and signed before me, by the said Halley Ortiz this the 15th day of January 2010, to certify which, witness my hand and seal of office.

Paula G. Gilardi Paula G. Gilardi Notary Public
Signature of officer administering oath Printed name of officer administering oath 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 FILER NAME		3 ACCOUNT # (Ethics Commission file)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	RICK SHELDON	1000.00	
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
4006 GREEN OAK DR, WACO, TX 76710			
9 Principal occupation / Job title (See instructions)		10 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)
	GRANT GIST	500.00	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
17020 I-35 S, BUDA, TX 78710			
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		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.