

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/O
COVER SHEET PG

5234

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
N/A

2 Total pages filed:
3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr. Robert C
NICKNAME LAST SUFFIX
"Wes" Benedict Jr.

OFFICE USE ONLY

Date Received

02 OCT - 8 AM 10:00
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 41059 Austin TX 78704

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Robert C
NICKNAME LAST SUFFIX
"Wes" Benedict Jr.

Receipt #

RD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

1403-B Kenwood Ave., Austin, TX 78704

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 442-4910

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 02 THROUGH 10 / 7 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 5 / 2002 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Comm. Pct. 4

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Robert C. "Wes" Benedict, Jr. 15 ACCOUNT # (Ethics Commission file) N/A

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	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	\$ <u>5000</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>71.19</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

Robert C. W. Benedict, Jr.
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____ this the 9th day of October 19 2007 to certify which, witness my hand and seal of office.

Monte R. Reese Signature of officer administering oath
Monte R. Reese Print name of officer administering oath
Notary Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME **Robert C. "Wes" Benedict, Jr.** 3 ACCOUNT # (Ethics Commission files)

4 Date 9/6/02	5 Payee name Signs Express 6 Payee address: City: State: Zip Code 1901 W. William Cannon, Austin, TX 78745 7 Purpose of expenditure Campaign Sign	8 Amount (\$) \$31.19 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 9/10/02	Payee name Advocates for Self-Government Payee address: City: State: Zip Code 5 South Public Square, Cartersville, GA 30120 Purpose of expenditure Libertarian literature	Amount (\$) \$37.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 7/22/02	Payee name South Austin Copier Payee address: City: State: Zip Code 10030 Manchaca Rd, Austin TX 78748 Purpose of expenditure Notary Campaign Finance Report	Amount (\$) \$3.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

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