



# 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 files)

N/A

16 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 20 <sup>00</sup>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 600 <sup>00</sup>
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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 Robert C. W. Benedict, Jr., this the 29 day of October, 20 02, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Monty Ceder  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME  
*Mr. Robert C. "Wes" Benedict, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*Travis County Libertarian Party*

6 Payee address; City; State; Zip Code

*10/16/02*

*P.O. Box 49854, Austin, TX 78765*

*\$200*

8 Purpose of payment (See instructions regarding type of information required.)

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

*For sign on 1-35-6, 11 board*

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

*Mr. Robert C. "Wes" Benedict, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

*Travis County Libertarian Party*

6 Payee address; City; State; Zip Code

*P.O. 49854 Austin, TX 78765*

7 Purpose of expenditure (See instructions regarding type of information required.)

*For 1-35 sign Billboard*

8 Amount (\$)

*\$400*

Reimbursement from political contributions intended

*10/16/02*

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

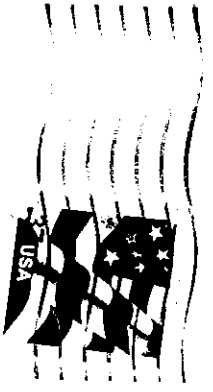
Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

R.C. Mos Benedict  
P.O. Box 41059  
Austin, TX 78704

County Clerk  
Travis County  
P.O. Box 1748  
Austin, TX 78767



78767/1748 