

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jaime A. Ballesteros 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 49.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,375.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 400.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Jaime A. Ballesteros
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaime A. Ballesteros, this the 25th day of February, 2008, to certify which, witness my hand and seal of office.

Charlotte J. Daniels
Signature of officer administering oath

Charlotte J. Daniels
Printed name of officer administering oath

Notary Public
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 Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission files)	
4 Date 02/07/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Reyes	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4407 Norwood Ln Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/07/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theresa Bernu	Amount of contribution (\$) 50.00	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 02/07/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidel Acevedo	Amount of contribution (\$) 30.00	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 02/07/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Kienitz JA.	Amount of contribution (\$) 20.00	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 02/07/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAN JUANITA SERNA	Amount of contribution (\$) 65.00	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.

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 Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission files)	
4 Date 04/07/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 135.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**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 Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/06/08	5 Payee name CASA GARCIA'S #3	8 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code 15803 Windermere Dr. #601, Pflugerville, TX 78660		
7 Purpose of expenditure (See instructions regarding type of information required.) Fund Raiser (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/07/08	Payee name CASA GARCIA'S #3	Amount (\$) \$519.14
Payee address; City; State; Zip Code 15803 Windermere Dr. #601, Pflugerville, TX 78660		
Purpose of expenditure (See instructions regarding type of information required.) Fund Raiser (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/20/08	Payee name Quick Print	Amount (\$) \$2,706.57
Payee address; City; State; Zip Code 8311 Shoal Creek Blvd, Austin, TX 78736		
Purpose of expenditure (See instructions regarding type of information required.) Print Job (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/23/08	Payee name The Home Depot #504	Amount (\$) \$49.38
Payee address; City; State; Zip Code 2551 S. IH 35 R.		
Purpose of expenditure (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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