

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6956

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Jaine NICKNAME LAST Ballesteros MI A. SUFFIX	OFFICE USE ONLY RECEIVED FOR RECORD TRAVIS COUNTY CLERK OCT - 6 AM 9:37 EXAS Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE POB 710 Pflugerville Tx 78691		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 913-5236		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jim NICKNAME LAST Keasbey MI SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 521 Broken Feather Pflugerville Tx 78660		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 990-2062		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06 / 30 / 08 10 / 06 / 08		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Constable Pct. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 _____		

GO TO PAGE 2

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)

** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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 \$ 180.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,582.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 180.26

4. TOTAL POLITICAL EXPENDITURES \$ 5,261.13

CONTRIBUTION BALANCE

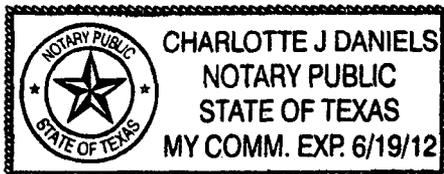
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ - 0 -

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jaime A. Ballesteros
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jaime A. Ballesteros, this the 6th day of October, 2008, to certify which, witness my hand and seal of office.

Charlotte J. Daniels Charlotte J. Daniels 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 <i>JAIME A. BALLESTEROS</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>09/23/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ekaterina Phillips</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>13041 Silver Creek Dr. Austin, Tx</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>09/24/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Verrengia</i>	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Lago Vista, Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>08/14/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CAGA Chapala Mexican Girl Fund Raiser</i>	Amount of contribution (\$) <i>\$432.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3010 W. Anderson Lane, Ste D Austin, Tx 78757</i>		(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.

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

JAIME A. BALLESTEROS

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/14/08

5 Full name of contributor out-of-state PAC (ID#: _____)

Gregory J. PAPST

6 Contributor address; City; State; Zip Code

1504 Pagedale Dr. Cedar Park, Tx 78613

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/14/08

Full name of contributor out-of-state PAC (ID#: _____)

LARRY CRUZ

Contributor address; City; State; Zip Code

3206 McELROY Dr. Austin, Tx 78757

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/08

Full name of contributor out-of-state PAC (ID#: _____)

CARLOS BARRERA

Contributor address; City; State; Zip Code

1106 SAN ANTONIO ST. Austin, Tx 78701

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/08

Full name of contributor out-of-state PAC (ID#: _____)

CARMEN HERNANDEZ

Contributor address; City; State; Zip Code

2900 CASTRO ST. Austin, Tx 78702

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/08

Full name of contributor out-of-state PAC (ID#: _____)

Fidel Acevedo

Contributor address; City; State; Zip Code

3807 Prairie Ln Austin, Tx 78728

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

(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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

08/14/08

CASA Chapala Mexican Grill & Catering

6 Payee address; City; State; Zip Code

3010 W. Anderson Lane, Ste D Austin, Tx 78757

\$500.00

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

Food for fund RAISER
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

08/06/08

Designer Graphics

Payee address; City; State; Zip Code

12404 Hwy 155 S. Tyler, Tx 75703

\$1,650.83

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

Campaign signs - 4x8
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

09/17/08

LA VOZ Newspapers

Payee address; City; State; Zip Code

P.O. Box 19457 Austin, Tx 78760

\$100.00

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

Advertisement
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

07/01/08

TACO CABANA

Payee address; City; State; Zip Code

15002 Km 1825 Pflugerville, Tx 78660

\$48.50

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

Campaign Meeting
(If travel outside of Texas, complete Schedule T)

** 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: **3**

2 FILER NAME

Jaime A. BALLESTEROS

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/26/08

5 Payee name

Worley Printing Co., Inc

6 Payee address; City; State; Zip Code

3217 North IH 35 Austin, TX 78722

8 Amount (\$)

1,813.19

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

Push cards

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

09/19/08

Payee name

Texas Democratic Party

Payee address; City; State; Zip Code

505 W. 12th St. #200 Austin, TX 78701

Amount (\$)

150.00

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

TEXAS VAN - Voter List

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

07/01/08

Payee name

Sign Crew

Payee address; City; State; Zip Code

Austin, TX

Amount (\$)

140.00

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

Putting up 4x8 signs

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

09/15/08

Payee name

Block Walkers

Payee address; City; State; Zip Code

Austin, TX

Amount (\$)

113.00

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

Block Walking Expense

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

08/24/08

Payee name

Sign Crew

Payee address; City; State; Zip Code

Austin, TX

Amount (\$)

108.39

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

Putting up 4x8 signs

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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:
2 FILER NAME <i>JAIME A. BALLESTEROS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>08/15/08</i>	5 Payee name <i>Miller Uniforms</i> 6 Payee address: City: State: Zip Code <i>Austin, TX</i>	8 Amount (\$) <i>\$ 42.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Shirts - Campaign</i> (If travel outside of Texas, complete Schedule T)		
Date <i>09/01/08</i>	Payee name <i>Big Lots</i> Payee address: City: State: Zip Code <i>TH-35 S. Mays St Round Rock, TX 78664</i>	Amount (\$) <i>\$ 50.05</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Materials</i> (If travel outside of Texas, complete Schedule T)		
Date <i>08/24/08</i>	Payee name <i>Big Lots</i> Payee address: City: State: Zip Code <i>TH 35 S. Mays St. Round Rock, TX 78664</i>	Amount (\$) <i>\$ 32.48</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Materials</i> (If travel outside of Texas, complete Schedule T)		
Date <i>08/15/08</i>	Payee name <i>Big Lots</i> Payee address: City: State: Zip Code <i>TH 35 S. Mays St. Round Rock, TX 78664</i>	Amount (\$) <i>\$ 22.73</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Materials</i> (If travel outside of Texas, complete Schedule T)		
Date <i>09/07/08</i>	Payee name <i>Block Walkers</i> Payee address: City: State: Zip Code <i>Austin, TX</i>	Amount (\$) <i>\$ 80.97</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Block Walkers</i> (If travel outside of Texas, complete Schedule T)		

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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:
2 FILER NAME <i>JAIME A. BALLESTEROS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>09/19/08</i>	5 Payee name <i>The Home Depot</i> 6 Payee address: City: State: Zip Code <i>13309 I-35 N. Austin, TX 78753</i>	8 Amount (\$) <i>\$90.20</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Material</i> (If travel outside of Texas, complete Schedule T)		
Date <i>09/20/08</i>	Payee name <i>Block Walkers</i> Payee address: City: State: Zip Code <i>Austin, TX</i>	Amount (\$) <i>\$145.62</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Block Walkers</i> (If travel outside of Texas, complete Schedule T)		
Date <i>09/21/08</i>	Payee name <i>The Home Depot</i> Payee address: City: State: Zip Code <i>13309 I-35 N. Austin, TX 78753</i>	Amount (\$) <i>\$71.35</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Material</i> (If travel outside of Texas, complete Schedule T)		
Date <i>10/04/08</i>	Payee name <i>Block Walkers</i> Payee address: City: State: Zip Code <i>Austin, TX</i>	Amount (\$) <i>\$42.63</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Block Walkers</i> (If travel outside of Texas, complete Schedule T)		
Date <i>10/04/08</i>	Payee name <i>Block Walkers</i> Payee address: City: State: Zip Code <i>Austin, TX</i>	Amount (\$) <i>\$108.97</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Block Walkers</i> (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED