

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6969

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Jaime A. BALLESTEROS	
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	MI
	NICKNAME	LAST	SUFFIX
		Jim Keasbey	
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 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 checked="" 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
	10	06	08
THROUGH		Month	Day
THROUGH		10	25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<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		

OFFICE USE ONLY

FILED FOR RECORD

Date Received: **2008 OCT 27 AM 10:06**

Date Hand-delivered: _____ Date Postmarked: _____

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

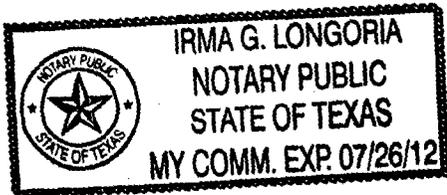
15 C/OH NAME JAIME A. BALLESTEROS 16 ACCOUNT # (Ethics Commission Filers)

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	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,490.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 459.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,723.69
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.

Jaime A. Ballesteros
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAIME ADAN BALLESTEROS, this the 27th day of October, 2008, to certify which, witness my hand and seal of office.

Irma G. Longoria
 Signature of officer administering oath

IRMA G. LONGORIA
 Printed name of officer administering oath

BRANCH MANAGER / 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. BALLESTERAS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/08/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NE Travis County Democrats	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Pflugerville, Tx 73660		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/08/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Mueller	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13041 Silver Creek Dr. Austin, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Wilkinson	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 804 Point Run Drive		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Reynolds	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4505 Tall Meadow Lane		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George & Mary Morales	Amount of contribution (\$) 5,040.00	In-kind contribution description (if applicable) Black walkers
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. BALLESTERS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/24/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike & Darva Chrastedy	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1003 Parkcrest Ct. Pflugerville, TX 78660		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY BROWN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3500 Windsor Rd, Austin, TX 78703		(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)	
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 EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 6
2 FILER NAME JAIME A. BALLESTEROS		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/07/08	5 Payee name The Home Depot 6 Payee address; City; State; Zip Code 7211 N. IH35 Austin, TX 73752	8 Amount (\$) 8.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T)	
Date 10/07/08	Payee name Bayon Curtis Payee address; City; State; Zip Code Austin, TX	Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Web page (If travel outside of Texas, complete Schedule T)	
Date 10/08/08	Payee name Lowe's Payee address; City; State; Zip Code 120 Sundance Pkwy, Round Rock, TX 73681	Amount (\$) 18.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Sign Materials (If travel outside of Texas, complete Schedule T)	
Date 10/03/08	Payee name HEB - Gas Payee address; City; State; Zip Code 1434 Wells Branch Hwy	Amount (\$) 61.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Putting up signs - Block walking (If travel outside of Texas, complete Schedule T)	
Date 10/09/09	Payee name Quick Print Payee address; City; State; Zip Code 8311 Shoal Creek Blvd. Austin, TX 73757	Amount (\$) 6,325.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) MATTER (If travel outside of Texas, complete Schedule T)	

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>10/09/08</i>	5 Payee name <i>Quick Print</i>	8 Amount (\$) <i>2,862.10</i>
	6 Payee address; City; State; Zip Code <i>8311 Shoal Creek Blvd, Austin, TX 78757</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>MAILER</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/10/08</i>	Payee name <i>Harbor Freight Tools</i>	Amount (\$) <i>33.71</i>
	Payee address; City; State; Zip Code <i>Store 198 Austin, TX</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Yard Signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/12/08</i>	Payee name <i>Walmart</i>	Amount (\$) <i>63.37</i>
	Payee address; City; State; Zip Code <i>Round Rock, TX</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Shirts</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/12/08</i>	Payee name <i>Austin Shirt Works</i>	Amount (\$) <i>43.07</i>
	Payee address; City; State; Zip Code <i>1406 Massey Ave, Pflugerville, TX 78660</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Print on shirts</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>10/12/08</i>	Payee name <i>HEB - Gas</i>	Amount (\$) <i>39.50</i>
	Payee address; City; State; Zip Code <i>1434 Wells Branch Hwy, Austin TX 78760</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Black Walking & Signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> 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>10/14/08</i>	5 Payee name <i>Walmart</i> 6 Payee address; City: State: Zip Code <i>IH 35 Austin, Tx</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign shirts</i> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>10.64</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>10/14/08</i>	Payee name <i>Quick print</i> Payee address; City: State: Zip Code <i>8311 Shoal Creek Blvd. Austin, Tx 78757</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Mailer</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>4,127.81</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>10/17/08</i>	Payee name <i>WALMART</i> Payee address; City: State: Zip Code <i>IH 35 Round Rock, Tx 78664</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Material</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>9.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>10/17/08</i>	Payee name <i>Block walkers</i> Payee address; City: State: Zip Code <i>Austin, Tx</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Block walkers</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>41.43</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>10/17/08</i>	Payee name <i>The Home Depot</i> Payee address; City: State: Zip Code <i>2551 S. IH 35 Round Rock, Tx 78664</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign sign</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>29.26</i> <input checked="" type="checkbox"/> 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

JAIME A. BALLESTEROS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount (\$)	Reimbursement from political contributions intended
10/17/03	LOWE'S	120 Sundance PKWY, Round Rock, TX 78681	Yard Signs - Grade Stake	42.74	<input checked="" type="checkbox"/>
10/18/03	The Home Depot	1517 Town Center Dr. Pflugerville, TX 78660	Campaign Sign	3.29	<input checked="" type="checkbox"/>
10/18/03	Walmart	Round Rock, TX	Sign Materials	5.41	<input checked="" type="checkbox"/>
10/19/03	The Home Depot	2551 S. IH 35 Round Rock, TX 78664	Sign Materials	13.87	<input checked="" type="checkbox"/>
10/19/03	Lowes	120 Sundance PKWY, Round Rock, TX 78681	Grade Stake - Yard Signs	10.68	<input checked="" type="checkbox"/>

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 JAIME A. BALLESTEROS		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name HEB - Gas	8 Amount (\$) 41.43
10/19/08	6 Payee address; City; State; Zip Code 1434 Wells Branch Hwy, Austin, TX	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Placing Yard Signs (If travel outside of Texas, complete Schedule T)	
Date	Payee name Walmart	Amount (\$) 39.09
10/21/08	Payee address; City; State; Zip Code Round Rock, TX	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Poll workers (If travel outside of Texas, complete Schedule T)	
Date	Payee name EXXON	Amount (\$) 31.05
10/21/08	Payee address; City; State; Zip Code 14730 IH 35 N, Austin, TX 78728	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Placing Signs, Block walking, Poll workers (If travel outside of Texas, complete Schedule T)	
Date	Payee name Block Walkers - Poll workers	Amount (\$) 221.29
10/24/08	Payee address; City; State; Zip Code Austin, Texas	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Block Walkers - Poll workers (If travel outside of Texas, complete Schedule T)	
Date	Payee name HEB - Gas	Amount (\$) 51.45
10/24/08	Payee address; City; State; Zip Code 1434 Wells Branch Hwy, Austin, TX	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Yard Signs, Poll workers (If travel outside of Texas, complete Schedule T)	

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>10/24/03</i>	5 Payee name <i>HEB</i>	8 Amount (\$) <i>50.54</i>
	6 Payee address; City; State; Zip Code <i>1434 Wells Branch Pkwy, Pflugerville, TX 73660</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Pub workers</i> (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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED