

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7488

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI  Jaime A. NICKNAME LAST SUFFIX  Ballesteros	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; font-size: small;">                     TRAVIS COUNTY                      CLERK                      JIM KEASBEY                      11 JAN 1 11 11 AM '11                 </div> Date Hand-delivered or Date Postmarked 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 Texas 78691		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 913-5236		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI  Jim NICKNAME LAST SUFFIX  Keasbey		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 521 Broken Feather Pflugerville Texas 78660		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 990-2062		
9 REPORT TYPE	<input checked="" 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 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 07 / 01 / 2010    THROUGH    12 / 31 / 2010		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis Co. Constable Pct. 2	13 OFFICE SOUGHT (if known)	
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		

FILED FOR PROCP

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

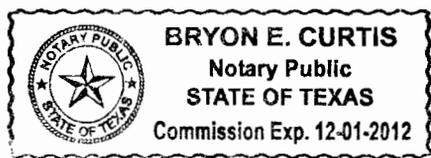
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Jaime A. Ballesteros</i>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	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	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,440.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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.

*Adan Ballesteros*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ADAN BALLESTEROS, this the 3RD day of JAN, 2011, to certify which, witness my hand and seal of office.

*Bryon Curtis*  
Signature of officer administering oath

Bryon Curtis  
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: <b>2</b>	
2 FILER NAME <b>JAIME A. BALLESTEROS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/16/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Papst</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yolanda Montemayor</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ron Woodard</b>	Amount of contribution (\$) <b>40.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dwight Bretram</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Pflugerville, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael &amp; Elizabeth Walter</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1515 Bergamont Dr. Pflugerville, TX 78660</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Admin Asst</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 <i>Jaine A. Ballesteros</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/16/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donation Box - Friends of Adam Ballesteros</i>	7 Amount of contribution (\$) <i>792.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Morales</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Austin, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Beaman</i>	Amount of contribution (\$) <i>54.00</i>	In-kind contribution description (if applicable) <i>Drinks</i>
Contributor address; City; State; Zip Code <i>Pflugerville, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>3rd Base</i>	Amount of contribution (\$) <i>229.00</i>	In-kind contribution description (if applicable) <i>50% discount for food</i>
Contributor address; City; State; Zip Code <i>Round Rock, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>3rd Base</i>	Amount of contribution (\$) <i>90.00</i>	In-kind contribution description (if applicable) <i>Tips for wait staff</i>
Contributor address; City; State; Zip Code <i>Round Rock, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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