

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	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	\$ 255.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,704.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 211.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,978.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,161.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

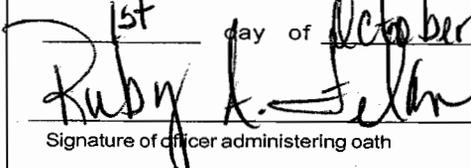
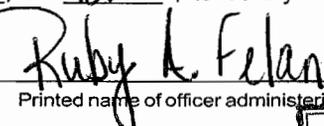
19 AFFIDAVIT

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.

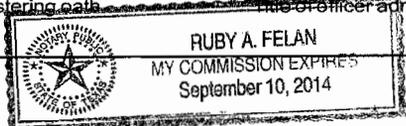

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Adan Ballesteros, this the 1st day of October, 2012, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Signature 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: 5	
2 FILER NAME JAIME A. BALLESTEROS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/04/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul Patel	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcom Milburn	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Woodard	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARITA GOMEZ	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Wilkinson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pflugerville, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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: 5	
2 FILER NAME Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06-01-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Ruiz	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Pflugerville, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Isenberg	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pflugerville, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L or T Edwards	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Round Rock, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06-08-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Schultze	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06-07-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Speer	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06-06-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton Washington	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Austin, Tx		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06-05-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Adams	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Round Rock, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06-26-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Brown	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06-04-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronya Aigner	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pflugerville, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06-09-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Kidd	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pflugerville, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06-12-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Eade / Jac	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06-11-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSCME	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Washington, D.C.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Schnabel	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pflugerville, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby Felan	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07-09-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelsea McMurtrie	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Pflugerville, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Jaime A. Ballesteros		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07-10-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvonne Cano	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Lockhart, Tx		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donation Box Friends of Adam Ballesteros	Amount of contribution (\$) 1,012.00	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 07-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Ward	Amount of contribution (\$) 57.00	In-kind contribution description (if applicable) Drink & Ice
Contributor address; City; State; Zip Code Pflugerville, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Smith & Kenneth Kidd	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable) Food
Contributor address; City; State; Zip Code Pflugerville		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Gore	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) Entertainment
Contributor address; City; State; Zip Code Pflugerville, Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Jaime A. Ballesteros	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07-09-12	5 Payee name Global Printing Solutions
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6 Amount (\$) 676.56	7 Payee address; City; State; Zip Code Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Push Cards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05-03-12	Payee name TRAVIS County
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Amount (\$) 24.00	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-13-12	Payee name TRAVIS County
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Amount (\$) 32.50	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-18-12	Payee name TRAVIS County
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Amount (\$) 179.64	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Jaime A. Ballesteros	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06-21-12	5 Payee name GMP Station
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6 Amount (\$) 190.00	7 Payee address; City; State; Zip Code Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-25-12	Payee name GMP Station
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Amount (\$) 600.00	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-26-12	Payee name Opinion Analytics, Inc
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Amount (\$) 54.13	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-28-12	Payee name GMP Station
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Amount (\$) 740.00	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Jaime A. Ballesteros	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05-07-12	5 Payee name Cheddar's
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6 Amount (\$) 36.98	7 Payee address; City; State; Zip Code Pflugerville, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05-09-12	Payee name Home Depot
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Amount (\$) 14.58	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05-22-12	Payee name Harbor Freight
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Amount (\$) 64.93	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05-22-12	Payee name Walmart
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Amount (\$) 52.11	Payee address; City; State; Zip Code Pflugerville, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Jaime A. Soller	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06-27-12	5 Payee name Vallero
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6 Amount (\$) 44.59	7 Payee address; City; State; Zip Code Bflugerville
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fuel
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-05-12	Payee name Sign Depot
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Amount (\$) 140.00	Payee address; City; State; Zip Code Orlando, FL
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-10-12	Payee name HEB
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Amount (\$) 92.50	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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