

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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 |

additional pages

18 CONTRIBUTION TOTALS

| | | |
|-----------------------------------------------------------------------------------------------------------------------|----|----------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | Ø |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 8,591.00 |
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | 40.00 |
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 3,454.97 |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | 1,663.89 |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | Ø |

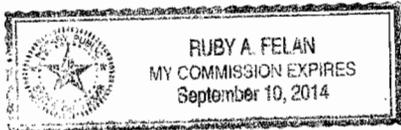
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 29th day of October, 2012, to certify which, witness my hand and seal of office.

Ruby A. Felan
Signature of officer administering oath

Ruby A. Felan
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: 1

2 FILER NAME **J. ADAN BALLESTEROS** 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| 4 Date 10/15/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Daval | 7 Amount of contribution (\$) 100.00 | 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 10/16/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Dye | Amount of contribution (\$) 1,000.00 | 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 10/16/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adan Ballesteros | Amount of contribution (\$) 2,000.00 | 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 10/17/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Constable PAC | Amount of contribution (\$) 5,241.00 | In-kind contribution description (if applicable) Mailer |
| 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 10/24/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Austin Democrats | 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 1 | 2 FILER NAME J. ADAN BALLESTEROS | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|--------------------------------------------|----------------------------------------|

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|--------------------|------------------------------|
| 4 Date 10/11/12 | 5 Payee name OEN Graphics |
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|------------------------|------------------------------------------------------|
| 6 Amount (\$) 40.00 | 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) Push Cards |
|--------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|------------------|---------------------------------------------|
| Date 10/16/12 | Payee name American Printing and Mailing |
|------------------|---------------------------------------------|

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|-------------------------|----------------------------------------------------|
| Amount (\$) 2,044.85 | 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) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Printing |
|------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|

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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 10/19/12 | Payee name Opinion Analysis, Inc |
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| Amount (\$) 237.35 | 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 |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|------------------|----------------------------|
| Date 10/24/12 | Payee name Ace Printing |
|------------------|----------------------------|

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|-------------------------|----------------------------------------------------|
| Amount (\$) 1,132.77 | 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 | Description (If travel outside of Texas, complete Schedule T) Yard Signs |
|------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|

| | | | |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED