

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <u>Mr.</u> FIRST <u>JIMMY</u> MI <u>R.</u> NICKNAME LAST SUFFIX <u>BENNETT</u>		OFFICE USE ONLY Date Received <u>03/10/08</u> Date Hand-delivered or Date Postmarked <u>03/10/08</u> 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 <u>2310 AUTUMN OAKS TRAIL</u> <u>ARLINGTON TX 76006</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 640-3336</u>		
CAMPAIGN TREASURER NAME	MS / MRS <u>(MR)</u> FIRST <u>JOE</u> MI NICKNAME LAST SUFFIX <u>Brunner</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2311 AUTUMN OAKS TRAIL</u> <u>ARLINGTON TX 76006</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 633-2332</u>		
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 <u>1 / 16 / 08</u> <u>3 / 31 / 2008</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 10 / 08</u>	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) <u>ARLINGTON CITY COUNCIL - DISTRICT 7</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

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 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 12,970.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 27.61

4. TOTAL POLITICAL EXPENDITURES \$ 4,899.04

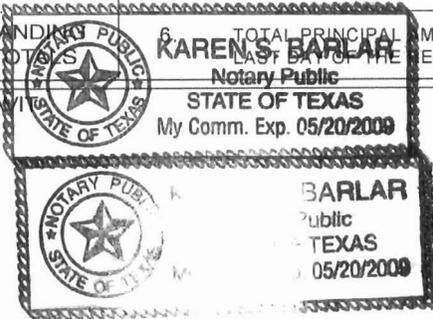
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 32,248.35

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 26,205.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ji, this the 10th day of April, 2008, to certify which, witness my hand and seal of office.

[Handwritten Signature] KAREN S. BARLAR 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: 5 (10F5)	
2 FILER NAME JIMMY BENNETT		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/10/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVE WILBYRN	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2016 E. RANDOL WILKS., SUITE 402 ARLINGTON, TX 76012		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/10/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOE BRUNER	Amount of contribution (\$) \$2,500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2311 AUTUMN OAKS TRAIL ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICKIE & PEGGY MERRITT	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3004 IRONSTONE COURT ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CATHERINE THOENTON	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1906 GLADWYNNE WAY ARLINGTON, TX 76012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL & MARTHA REISWIG	Amount of contribution (\$) 11,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2712 MARK TWAIN COURT ARLINGTON, TX 76006		(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: 5 (20F5)	
2 FILER NAME Jimmy Bennett		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/18/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEITH YINGLING 6 Contributor address; City; State; Zip Code 701 N. MORRIS ST. McKinney, TX 75069	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/18/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHNNY STONE Contributor address; City; State; Zip Code 2006 LAKE COUNTRY ARLINGTON, TX 76012	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE & GLENNA ABRAHAM Contributor address; City; State; Zip Code 1902 ROCKBROOK DR. ARLINGTON, TX 76006	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/26/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SANDRA ALEY Contributor address; City; State; Zip Code 5503 N. SEMINOLE AVENUE TAMPA, FL 33602	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARILYN YINGLING Contributor address; City; State; Zip Code 921 ENGLEWOOD LANE PLANO, TX 75025	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 (3 of 5)

2 FILER NAME
Jimmy Bennett

3 ACCOUNT # (Ethics Commission filers)

4 Date 5 Full name of contributor out-of-state PAC (ID#)

3/31/08

ALFARO & GLORIA MORAN

7 Amount of contribution (\$) \$500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2612 LORA KING COURT
ARLINGTON, TX 76006

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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

3/31/08

ROBERT AUSTIN

Amount of contribution (\$) \$1,000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 461344
GARLAND, TX 75046

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

3/31/08

DR. JOE & TERRI JESTO

Amount of contribution (\$) \$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2109 N. FIELDER ROAD
ARLINGTON, TX 76012

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

3/31/08

ANDREW & ANNA PIEL

Amount of contribution (\$) \$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2402 MURWICK DR.
ARLINGTON, TX 76016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

3/31/08

BILL & ROSA COOK

Amount of contribution (\$) \$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1611 GOLIAD DRIVE
ARLINGTON, TX 76012

(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: 5 (405)	
2 FILER NAME JIMMY BENNETT		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/31/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHERRY L. SMITH	7 Amount of contribution (\$) \$150⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1702 RATON DRIVE ARLINGTON, TX 76018		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ONCOLOGY RX, LLC	Amount of contribution (\$) \$5,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3440 DIVISION STREET METAIRIE, LA 70002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CASANORA WILLIAMS	Amount of contribution (\$) \$5⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2018 KNOW CREST DRIVE ARLINGTON, TX 76014		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEPHANIE BROWN	Amount of contribution (\$) \$15⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5000 REDWATER DRIVE ARLINGTON, TX 76018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WHITNEY FORD	Amount of contribution (\$) \$5⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2018 KNOW CREST DRIVE ARLINGTON, TX 76014		(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:
5 (5 of 5)

2 FILER NAME
Jimmy Bennett

3 ACCOUNT # (Ethics Commission files)

4 Date
3/31/08

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

7 Amount of contribution (\$)
\$75.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
4308 WINDWARD CIRCLE
DALLAS, TX 75287

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/31/08

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

Amount of contribution (\$)
\$15.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6117 BAY HILL DRIVE
ARLINGTON, TX 76018

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/1/08

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

Amount of contribution (\$)
15.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9219 WILDRIVER DRIVE
ARLINGTON, TX 76002

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/2/08

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

Amount of contribution (\$)
\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2311 AUTUMN OAKS TRAIL
ARLINGTON, TX 76006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Jimmy Bennett

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

3/28/08

7 Name of lender

Jimmy Bennett

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$26,205⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*2310 AUTUMN CATS TRAIL
ARLINGTON, TX 76006*

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

CPA

13 Employer (See Instructions)

SELF-EMPLOYED

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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: **2 (1 of 2)**

2 FILER NAME **JIMMY BENNETT**

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/8/08	5 Payee name MURPHY TURNER & ASSOCIATES	7 Amount (\$) \$1,000⁰⁰
6 Payee address; City; State; Zip Code 2000 E. LAMAR BLVD, #330 ARLINGTON, TX 76006		

8 Purpose of payment (See instructions regarding type of information required.) CONSULTING Fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/14/08	Payee name CITY OF ARLINGTON	Amount (\$) \$100⁰⁰
Payee address; City; State; Zip Code ARLINGTON, TX		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN FILING Fee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name CHIP PIERCE	Amount (\$) \$300⁰⁰
Payee address; City; State; Zip Code 1608 STEINBURG LANE FORT WORTH, TX 76134		

Purpose of payment (See instructions regarding type of information required.) PHOTOGRAPHS (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/2/08	Payee name SIGNS NOW	Amount (\$) \$2,174.04
Payee address; City; State; Zip Code 900 E. COPELANDS RD. ARLINGTON, TX 76011		

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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 (2 of 2)

2 FILER NAME

JIMMY BENNETT

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/08

5 Payee name

MWSEA

7 Amount (\$)

\$1,125⁰⁰

6 Payee address; City; State; Zip Code

208 BLAIR
ARLINGTON, TX 76014

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

LABOR

(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

3/2/08

Payee name

JOE BREYNER

Amount (\$)

\$200⁰⁰

Payee address; City; State; Zip Code

2311 AUTUMN OAKS TRAIL
ARLINGTON TX 76006

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

CANDY

(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 (\$)

Payee address; City; State; Zip Code

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

(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 (\$)

Payee address; City; State; Zip Code

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

(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