

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 # <small>(Ethics Commission filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST JIMMY	MI R.
	NICKNAME	LAST BENNETT	SUFFIX
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2310 AUTUMN OAKS TRAIL ARLINGTON TX 76006		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 640-3336	EXTENSION
	6 TREASURER MS / MRS / MR <input checked="" type="checkbox"/> MR FIRST JOE		
	NICKNAME	LAST BEYNER	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2311 AUTUMN OAKS TRAIL ARLINGTON, TX 76006		
	AREA CODE (817)	PHONE NUMBER 633-2332	EXTENSION
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 4	Day 1	Year 08
		THROUGH	Month 4
			Day 30
			Year 08
11 ELECTION	ELECTION DATE Month 5		ELECTION TYPE
	Day 10	Year 08	<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) ARLINGTON CITY (COUNCIL-DISTRICT 7)	
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			

OFFICE USE ONLY

Date Received

Date Hand-delivered or 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

16 ACCOUNT # (Ethics Commission Filer(s))

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

\$ 5.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,780.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 21,634.42

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

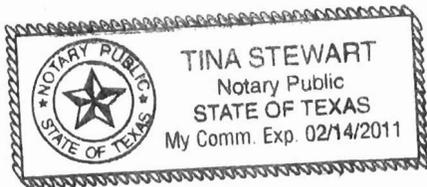
\$ 20,253.58

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



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jimmy Bennett, this the 2nd day of May, 2008, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
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: <i>1 of 4</i>	
2 FILER NAME <i>JIMMY BENNETT</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/11/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRIAN AND SALLY CULVER</i>	7 Amount of contribution (\$) <i>1100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1200 CANTERSLEY COURT ARLINGTON, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/11/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TREACI TEXAS ASSOCIATION OF REALTORS</i>	Amount of contribution (\$) <i>2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 2246 AUSTIN, TEXAS 78768</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/22/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAT BENNETT</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1792 MILLCREEK RD LAUREL, MS 39443</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/22/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CASANDRA WILLIAMS</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 181581 ARLINGTON, TX 76096</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/22/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIMOTHY BETHEA</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3424 TIPPERARY DRIVE GRAND PRAIRIE, TX 75052</i>		(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 of 4

2 FILER NAME

JIMMY BENNETT

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/22/08

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

PETER SCOTT

6 Contributor address; City; State; Zip Code

3005 IRONSTONE COURT
ARLINGTON TX 76006

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/22/08

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

JAMES S. POTTS

Contributor address; City; State; Zip Code

14807 Le Grande
Addison, TX 75001

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/08

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

PHILIP PETERS

Contributor address; City; State; Zip Code

5104 Timber Cove Court
Arlington TX 76017

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/08

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

CORONADO PROPERTIES

Contributor address; City; State; Zip Code

1803 S W. PARK ROW
ARLINGTON TX 76013

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/08

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

RUTH AMBER

Contributor address; City; State; Zip Code

3438 CARRY RD.
ARLINGTON TX 76001

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(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: 3 OF 4	
2 FILER NAME JIMMY BENNETT		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/30/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL & LAURA DISTEFANO	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8433 Meadowsbrook Dr, FORT WORTH, TX 76120		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENÉE JUSTICE STANLEY	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13919 PRESTWICK DR, DALLAS, TX 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS & PATRICIA THOMSON	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6714 MARTHA'S VINEYARD DR, ARLINGTON, TX 76001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.J. HALL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6312 CALLENER ROAD ARLINGTON, TX 76001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APARTMENT ASSOC. TARRANT COUNTY	Amount of contribution (\$) 2,500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6350 BANKER BLVD, FORT WORTH, TX 76118		(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: <i>4 of 4</i>	
2 FILER NAME <i>JIMMY BENNETT</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/30/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAMMER & NAILS CLUB</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6464 BENTWOOD STAIR RD, SUITE 100 FORT WORTH, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)	

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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 (1042)
2 FILER NAME: Jimmy Bennett		3 ACCOUNT # (Ethics Commission filers)
4 Date: 1/08	5 Payee name: Signs Now 6 Payee address; City; State; Zip Code: 900 E. COLEMAN RD. ARYNOTON, TX 76011	7 Amount (\$): \$1,329.75
8 Purpose of payment (See instructions regarding type of information required.) Signs (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: 4/3/08	Payee name: Home Run Promotions Payee address; City; State; Zip Code: _____	Amount (\$): 992.45
Purpose of payment (See instructions regarding type of information required.) SHIRTS / ADVERTISING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: 4/11/08	Payee name: MURPHY TURNER & ASSOCIATES Payee address; City; State; Zip Code: 2000 E. LAMAR BLVD, #330 ARLINGTON, TX 76006	Amount (\$): 639.00
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: _____
Date: 4/22/08	Payee name: MURPHY TURNER & ASSOCIATES Payee address; City; State; Zip Code: 2000 E. LAMAR BLVD, #330 ARLINGTON, TX 76006	Amount (\$): 7,059.39
Purpose of payment (See instructions regarding type of information required.) CONSULTANT - FLIER (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 (2002)

2 FILER NAME

Jimmy Bennett

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/23/08

5 Payee name

MURPHY TURNER & ASSOCIATES

6 Payee address; City; State; Zip Code

2000 E. LAMAR BLVD, #330
ARLINGTON TX 76006

7 Amount (\$)

\$11,613.83

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

CONSULTANT - FILER
(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

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

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