



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
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**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. \*\**

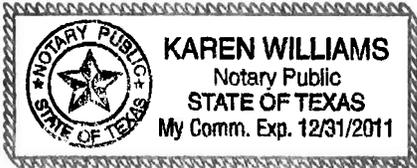
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 25,602.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 6.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,517.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,452.36
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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jimmy Bennett, this the 6<sup>th</sup> day of June, 2008, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Karen Williams  
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: <b>1 of 9</b>	
2 FILER NAME <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/20/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bowie J. HOGG</b>	7 Amount of contribution (\$) <b>150<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1204 WOODBINE ST. ARLINGTON, TX 76012</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BAILEY &amp; CONNIE RUFF</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4102 SHADY VALLEY DR. ARLINGTON, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GLEN &amp; SARA TROUTMAN</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3600 YACHTCLUB DR. ARLINGTON, TX 76016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CRAIG H.</b>	Amount of contribution (\$) <b>150<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>637 ST. CHARLES CT. ARLINGTON, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>PHYLLIS R. PETERS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5104 TIMBER COVE COURT ARLINGTON, TX 76017</b>		(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 9

2 FILER NAME <u>JIMMY R. BENNETT</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/20/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DONALD R. LYONS</u>	7 Amount of contribution (\$) <u>\$250<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2212 ARLINGTON DOWNS RD, # 210 ARLINGTON, TX 76011</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/20/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MIRABELL MANAGEMENT (BARTON THOMPSON)</u>	Amount of contribution (\$) <u>300<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1803B W. PARK ROW ARLINGTON, TX 76013</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/20/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DAVID H. THORNTON</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1906 GLADWAYNE WAY ARLINGTON, TX 76012</u>		(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#: <u>DRIVERSSELECT L.P.</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3333 LEE PARKWAY, # 750 DALLAS, TX 75219</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/20/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>NORTH COLLING GENERAL PARTNERSHIP</u>	Amount of contribution (\$) <u>200<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>LAKEMOOD TOWER, No 401 DALLAS, TX 75214</u>		(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: <b>3 of 9</b>	
2 FILER NAME <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/20/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DR. CHRIS WONG</b>	7 Amount of contribution (\$) <b>\$15300</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 152193 ARLINGTON, TX 76015</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES HARVEY STATE PAC FUND</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1425 GREENWAY DRIVE, SUITE 400 IRVING, TX 75038</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GEORGE &amp; BETTY BEATH</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1202 CAROLINA AVE. SAINT CLOUD, FL 34769</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/29/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GEORGE &amp; JAY DUGGAN</b>	Amount of contribution (\$) <b>750<sup>00</sup></b>	In-kind contribution description (if applicable) <b>FOOD, BEVERAGES</b>
Contributor address; City; State; Zip Code <b>5101 TIMBERCOVE COURT ARLINGTON, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/29/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BOND &amp; JUDY RUPAY</b>	Amount of contribution (\$) <b>750<sup>00</sup></b>	In-kind contribution description (if applicable) <b>FOOD, BEVERAGES</b>
Contributor address; City; State; Zip Code <b>2210 RIVER RIDGE ROAD ARLINGTON, TX 76017</b>		(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**

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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: <b>4 of 9</b>	
2 FILER NAME <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/29/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAYLISS R. PETERS</b>	7 Amount of contribution (\$) <b>1750.00</b>	8 In-kind contribution description (if applicable) <b>FOOD, BEVERAGES</b>
6 Contributor address; City; State; Zip Code <b>5104 TIMBERCOVE COURT ARLINGTON, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/29/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL &amp; MARTY REISWIG</b>	Amount of contribution (\$) <b>5499.00</b>	In-kind contribution description (if applicable) <b>SIGARO JERSEY</b>
Contributor address; City; State; Zip Code <b>2712 MARK TWAIN CT. ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/29/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL &amp; MARTY REISWIG</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable) <b>USE OF OFFICE SUITE</b>
Contributor address; City; State; Zip Code <b>2712 MARK TWAIN CT. ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/ 8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT SHEPARD</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable) <b>RANGER TICKETS</b>
Contributor address; City; State; Zip Code <b>503 EAST BORDER STREET ARLINGTON, TX 76010</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/29/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>XID, LTD</b>	Amount of contribution (\$) <b>10,000.00</b>	In-kind contribution description (if applicable) <b>WEB SITE DEVELOPMENT</b>
Contributor address; City; State; Zip Code <b>1001 W. EULESS BLVD, #200 EULESS, TX 76040</b>		(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: <b>5 of 9</b>	
2 FILER NAME <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/3/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>O.K. CARTER</b>	7 Amount of contribution (\$) <b>750<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2401 VILIA VERA ARLINGTON TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NEWIND CANOY LEBLANC</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2720 MARK TWAIN COURT ARLINGTON TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HELEN MADDOX</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3412 WOODFORD DR, ARLINGTON, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GARY &amp; CONNIE LOSADA</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2408 RIVER ROCK CIRCLE ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JIM AND TERESA WAGNON</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10 COURTNEY COURT ARLINGTON, TX 76015</b>		(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**

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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: <b>6 of 9</b>	
2 FILER NAME <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/3/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. &amp; Mrs. STEPHEN JONES</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3900 MIRAMAR AVE. DALLAS, TX 75205</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT DEFRANCE</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2200 SHADY VIEW COURT ARLINGTON TX 76015</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mrs. &amp; Mrs. ROY McDONALD</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1124 FORREST DR. ARLINGTON TX 76012</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAURICE &amp; FAYE SARKIS DALE</b>	Amount of contribution (\$) <b>\$450<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2400 TABLE ROCK CT. ARLINGTON TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL &amp; THERESA SINACOLA</b>	Amount of contribution (\$) <b>750<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6701 GLENDENNY LANE PLANO, TX 75024</b>		(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: <b>7 of 9</b>	
2 FILER NAME: <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date: <b>6/3/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>AL &amp; GLORIA MORAN</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: <b>2612 LOAN KING CT. ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: <b>6/1/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>JONI &amp; CHARLES WILSON</b>	Amount of contribution (\$): <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>3405 S. FORESTSHIRE COURT ARLINGTON, TX 76001</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>DR. MICHAEL W. PHILLIPS</b>	Amount of contribution (\$): <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>724 HINSDALE DR. ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>RAUL &amp; TERAY GONZALEZ</b>	Amount of contribution (\$): <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>2211 WOODMONT COURT ARLINGTON, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>AL &amp; LAURA DISTEFANO</b>	Amount of contribution (\$): <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>8433 MEADOWS CROOK DR. WORTH, TX 76120</b>		(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: 8 of 9

2 FILER NAME Timothy R. Bennett

3 ACCOUNT # (Ethics Commission filers)

4 Date  
6/3/08

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
TERA & CAROL DAGNON

7 Amount of contribution (\$) 150<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
5100 TIMBER COVE COURT  
ARLINGTON, TX 76017

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
6/3/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
PETER & ELIZA HATTON

Amount of contribution (\$) 25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2607 PARK RUN DRIVE  
ARLINGTON, TX 76016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/3/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ED & PATRICIA GUTIERREZ

Amount of contribution (\$) 500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4228 WOODLAND PARK  
ARLINGTON, TX 76013

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/3/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
GEORGE & GLENNA ABRAHAM

Amount of contribution (\$) 100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1902 ROCKBROOK DR,  
ARLINGTON, TX 76006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/3/08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jim Reed

Amount of contribution (\$) 200<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2004 CHANNING PARK DR,  
ARLINGTON, TX 76013

(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: <b>9 of 9</b>	
2 FILER NAME <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/3/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Brewer</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2311 AUTUMN OAKS TRAIL ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/7/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HAMMER &amp; NAILS CLUB</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>464 BENTWOOD STAR RD, SUITE 100 FORT WORTH, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/3/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Doug Henson</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3805 BROOK SHADOW COURT ARLINGTON TX 76016</b>		(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)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor 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: 1 of 3

2 FILER NAME: *JIMMY R. BENNETT* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/1/08</i>	5 Payee name <i>PRINT GRAPHICS</i>	7 Amount (\$) <i>\$4,765.72</i>
6 Payee address: City; State; Zip Code <i>2016 E RANDOL MILL ROAD, SUITE 401 ARLINGTON, TX 76011</i>		

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 <i>5/2/08</i>	Payee name <i>OPI PRESS</i>	Amount (\$) <i>126.65</i>
Payee address: City; State; Zip Code <i>2222 S. BOWEN RD. ARLINGTON, TX 76013</i>		

Purpose of payment (See instructions regarding type of information required.)  
*PRINTING*  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <i>5/7/08</i>	Payee name <i>MURPHY TURNER &amp; ASSOCIATES</i>	Amount (\$) <i>11,654.45</i>
Payee address: City; State; Zip Code <i>2000 E. LAMAR BLVD, #330 ARLINGTON, TX 76006</i>		

Purpose of payment (See instructions regarding type of information required.)  
*CONSULTANT*  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <i>5/9/08</i>	Payee name <i>MURPHY TURNER &amp; ASSOCIATES</i>	Amount (\$) <i>1,521.60</i>
Payee address: City; State; Zip Code <i>20 E. LAMAR BLVD, #330 ARLINGTON, TX 76006</i>		

Purpose of payment (See instructions regarding type of information required.)  
*CONSULTANT*  
(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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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2 of 3</b>
2 FILER NAME: <b>JIMMY R. BENNETT</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date: <b>5/24/08</b>	5 Payee name: <b>George &amp; Kat Duggan</b> 6 Payee address; City; State; Zip Code: <b>5101 TIMBERCOVE CO ARLINGTON, TX 76017</b>	7 Amount (\$): <b>750<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Food, Beverages</b> (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: <b>5/29/08</b>	Payee name: <b>BRAD &amp; JUDY RUPAY</b> Payee address; City; State; Zip Code: <b>2210 RIVER RIDGE ROAD ARLINGTON, TX 76017</b>	Amount (\$): <b>750<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Food, Beverages</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date: <b>5/29/08</b>	Payee name: <b>PHYLLIS R. PETERS</b> Payee address; City; State; Zip Code: <b>5104 TIMBERCOVE COURT ARLINGTON TX 76017</b>	Amount (\$): <b>750<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Food, Beverages</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date: <b>5/29/08</b>	Payee name: <b>MICHAEL &amp; MARY REISWIG</b> Payee address; City; State; Zip Code: <b>2712 MARK TWAIN CT ARLINGTON TX 76006</b>	Amount (\$): <b>499<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Signed Jersey</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3 of 3**

2 FILER NAME **JIMMY R. BENNETT**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**5/29/08**

5 Payee name  
**MICHAEL & MARY REISWIL**  
6 Payee address; City; State; Zip Code  
**2712 MARK TWAIN COURT  
ARLINGTON, TX 76006**

7 Amount (\$)  
**2,500<sup>00</sup>**

8 Purpose of payment (See instructions regarding type of information required.)  
**USE OF OFFICE SUITE**  
(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  
**5/29/08**

Payee name  
**ROBERT SHEPARD**  
Payee address; City; State; Zip Code  
**503 EAST BORDER STREET  
ARLINGTON TX 76010**

Amount (\$)  
**200<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**RANGER TICKETS**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**5/29/08**

Payee name  
**XID, LTD.**  
Payee address; City; State; Zip Code  
**1001 W. EULESS BLVD., #200  
EULESS, TX 76040**

Amount (\$)  
**\$10,000<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**WEB SITE DEVELOPMENT**  
(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  
Payee address; City; State; Zip Code

Amount (\$)

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**