

# 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 <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: <b>JIMMY</b> MI: <b>R.</b> NICKNAME: <b>BENNETT</b> LAST: SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <b>11/15/08</b> Date Hand-delivered or Date Postmarked: 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 <b>2310 AUTUMN OAKS TRAIL</b> <b>ARLINGTON, TX 76006</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <b>(817) 695-6636</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: <b>JOE</b> MI: NICKNAME: <b>BENNETT</b> LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>2311 AUTUMN OAKS TRAIL</b> <b>ARLINGTON, TX 76006</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <b>(817) 633-2332</b>		
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 checked="" 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 <b>6 / 15 / 08</b> <b>6 / 30 / 08</b>		
11 ELECTION	ELECTION DATE: Month Day Year    ELECTION TYPE: <b>6 / 14 / 08</b> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/>		
12 OFFICE	OFFICE HELD (if any) <b>ARLINGTON CITY COUNCIL-DISTRICT</b>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	•• 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 _____		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** JIMMY BENNETT **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

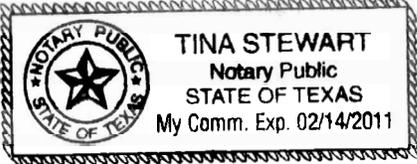
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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<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)	\$ 4,750.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,081.20
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 121.16
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,205.00

**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.



**TINA STEWART**  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. 02/14/2011

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmy Bennett, this the 15<sup>th</sup> day of July, 2008, to certify which, witness my hand and seal of office.

Tina Stewart Tina Stewart notary  
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: <u>10 of 2</u>	
2 FILER NAME <u>JIMMY R. BENNETT</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>6/11/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LIMBARGER GOGGAN BLAIR</u> 6 Contributor address; City; State; Zip Code <u>P.O. Box 17428 AUSTIN, TX 78760</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <u>6/11/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TREPAC</u> Contributor address; City; State; Zip Code <u>P.O. Box 2246 AUSTIN, TX 78768</u>	Amount of contribution (\$) <u>2,000.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <u>6/11/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GARY &amp; CONNIE LOSADA</u> Contributor address; City; State; Zip Code <u>2408 RIVER ROCK CIRCLE ARLINGTON, TX 76006</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <u>6/11/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>PHYLIS PETERS</u> Contributor address; City; State; Zip Code <u>5104 TIMBER COVE COURT ARLINGTON, TX 76017</u>	Amount of contribution (\$) <u>2,000.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <u>6/11/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GEARY HUGHES</u> Contributor address; City; State; Zip Code <u>4004 WOODCASTLE CT ARLINGTON, TX 76016</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

**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 2*

2 FILER NAME

*JIMMY R. BENNETT*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*6/18/08*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*JOHN T. JOHNSON*

7 Amount of contribution (\$)

*100.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1801 RHINEVALLEY DR.  
ARLINGTON, TX 76012*

(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# \_\_\_\_\_)

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  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  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  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**

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
10/2

2 FILER NAME  
Jimmy R. Bennett

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/5/08	5 Payee name MWSEA	7 Amount (\$) \$1000.00
6 Payee address; City; State; Zip Code 208 BLAIR LANE 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
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Date 6/6/08	Payee name MURPHY TURNER	Amount (\$) \$9,517.68
Payee address; City; State; Zip Code 2000 E. LAMAR BLVD, #330 ARLINGTON, TX 76006		

Purpose of payment (See instructions regarding type of information required.) CONSULTING / PHONE DINERS (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 6/11/08	Payee name A PA	Amount (\$) \$8,800.00
Payee address; City; State; Zip Code 1801 W. PARK ROW DR. ARLINGTON, TX 76013		

Purpose of payment (See instructions regarding type of information required.) LABOR (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 6/12/08	Payee name PRINT GRAPHICS	Amount (\$) 26352
Payee address; City; State; Zip Code 2016 EAST RANDOLPH MILLS ROAD, #402 ARLINGTON, TX 76011		

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
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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 of 2*

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

4 Date <i>6/18/08</i>	5 Payee name <i>MWSEA</i> 6 Payee address; City; State; Zip Code <i>208 BLAIR LANE ARLINGTON, TX 76014</i>	7 Amount (\$) <i>\$1,500.00</i>
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8 Purpose of payment (See instructions regarding type of information required.)  <i>(If travel outside of Texas, complete Schedule T)</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  <i>(If travel outside of Texas, complete Schedule T)</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  <i>(If travel outside of Texas, complete Schedule T)</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  <i>(If travel outside of Texas, complete Schedule T)</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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