Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmark

Receipt # Amount

Date Processed

Date Imaged

RECEIVED - CSO 09 JUN 30 AM 9:44

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR (MR) FIRST: JIMMY MI: R
NICKNAME LAST: BENNETT SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address
ADDRESS / PO BOX: 2310 AUTUMN OAKS TRAIL APT / SUITE #: CITY: STATE: ZIP CODE
ARLINGTON, TX 76006

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE (817) PHONE NUMBER 695-6636 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR (MR) FIRST: JOE MI:
NICKNAME LAST: BRUNER SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 2311 AUTUMN OAKS TRAIL APT / SUITE #: CITY: STATE: ZIP CODE
ARLINGTON TX 76006

8 CAMPAIGN TREASURER PHONE
AREA CODE (817) PHONE NUMBER 633-2332 EXTENSION

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 1/1/09 THROUGH Month Day Year: 6/30/09

11 ELECTION
ELECTION DATE Month Day Year: 6/14/08
ELECTION TYPE ☐ Primary ☒ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): ARLINGTON CITY COUNCIL - DISTRICT 7

13 OFFICE SOUGHT (if known)

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

☐ additional pages

GO TO PAGE 2

Revised 06/27/2008

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 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

☐ GENERAL

☐ 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 $

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $ 500.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES $ 746.59

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $ 65.37

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $ 31,925.00

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.

NOTARY PUBLIC STATE OF TEXAS
KAREN WILLIAMS
Notary Public
STATE OF TEXAS
My Comm. Exp. 12/31/2011

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jimmy Bennett, this the 30th day of June, 20 09, to certify which, witness my hand and seal of office.

Karen Williams — Signature of officer administering oath

Karen Williams — Printed name of officer administering oath

Notary — Title of officer administering oath

Revised 06/27/2008

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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: 1

2 FILER NAME: JIMMY R. BENNETT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/29/09	ROBERT MAHONEY 801 AVENUE H-EAST, SUITE 104 ARLINGTON, TX 76011	500.00	

(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#:) / Contributor address; City; State; Zip Code	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	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	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	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	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	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Revised 08/27/2008

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: JIMMY R. BENNETT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	Amount ($)
2/20/09	MURPHY TURNER & ASSOCIATES 816 CONGRESS AVE, #1160 AUSTIN, TX 78701	.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
TWAL RETAINER (If travel outside of Texas, complete Schedule T)			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/23/09	PRINT GRAPHICS 2016 EAST RANDOL MILL ROAD, SUITE 402 ARLINGTON, TX 76011	$546.59

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
PRINTING (If travel outside of Texas, complete Schedule T)			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED