

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Jimmy</i>	MI <i>R.</i>
	NICKNAME	LAST <i>Bennett</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	<i>7310 Autumn Oaks Trail Arlington, TX 76006</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(817) 695-6636</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Joe</i>	MI
	NICKNAME	LAST <i>Bruner</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	<i>7311 Autumn Oaks Trail Arlington, TX 76006</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(817) 633-2332</i>		
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	Day	Year
	<i>4 / 2 / 10</i> THROUGH <i>4 / 30 / 10</i>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
<i>5 / 8 / 10</i>			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		
	<i>Arlington City Council - District 7</i>		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		
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			

OFFICE USE ONLY
 RECEIVED - CSO
 APR 29 AM 10:24
 Date Received
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

**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 <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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *5,100.00*

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ *1,200.00*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *9,152.04*

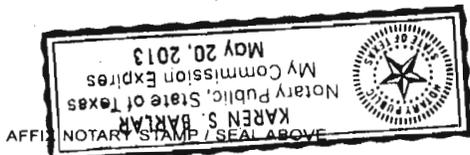
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *34,258.33*

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.

[Signature]
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said *Jimmy Bennett*, this the *2nd* day of *April*, 20 *10*, to certify which, witness my hand and seal of office.

Karen S. Barker *KAREN S. BARKER* *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: 2	
2 FILER NAME JIMMY R. BENNETT		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PETER & ELIZA HATTON	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2607 PARK RUN DRIVE ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL W. PHILLIPS, DC, PA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1601 EAST LAMAR BLVD, SUITE 100 ARLINGTON, TX 76011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: B. J. HALL	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6312 CALENDAR ROAD ARLINGTON, TX 76001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PIERSON BEHR, ATTORNEYS	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 WEST ABRAHAM STREET ARLINGTON, TX 76010		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREPAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 2746 AUSTIN, TX 78768		(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

2 FILER NAME

Jimmy R. Bennett

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/10

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

Glenn & Sara Troutman

6 Contributor address; City; State; Zip Code

3600 YACHTCLUB DRIVE
ARLINGTON, TX 76016

7 Amount of contribution (\$)

\$200.00

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

4/27/10

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

Randy L. McClellan

Contributor address; City; State; Zip Code

1805 RATUFF RIDGE CT.
ARLINGTON, TX 76012

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/10

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

ARLINGTON FIREFIGHTERS ASSOCIATION PAC

Contributor address; City; State; Zip Code

208 S. FIELDER RD.
ARLINGTON, TX 76013

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/10

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

Peter & Lynn Scott

Contributor address; City; State; Zip Code

3005 IRON STONE CT.
ARLINGTON, TX 76006

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/10

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

Don & Christy Dute

Contributor address; City; State; Zip Code

P.O. BOX 13464
ARLINGTON, TX 76094

Amount of contribution (\$)

\$75.00

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

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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 <i>Jimmy A. Bennett</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/23/10</i>	5 Payee name <i>DAN FERNANDEZ</i>	7 Amount (\$) <i>\$1,200.00</i>
6 Payee address; City; State; Zip Code <i>2823 QUAIL LANE ARLINGTON TX 76016</i>		
8 Purpose of payment (See instructions regarding type of information required.) (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 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	
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	
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	

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