

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 MI <i>JIMMY R</i>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <i>BENNETT</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2310 AUTUMN OAKS TR. ARLINGTON, TX 76006</i>	RECEIVED - CSO 10 JUN - 9 PM 4:52	
	AREA CODE PHONE NUMBER EXTENSION <i>(817) 695-6636</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <i>Joe</i>		
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX <i>BREYER</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2311 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 checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 <i>5 / 1 / 10 6 / 2 / 10</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>6 / 12 / 10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input 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)	
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 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)

\$

6,475.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,505.19

CONTRIBUTION BALANCE

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

\$

14,121.85

OUTSTANDING LOAN TOTALS

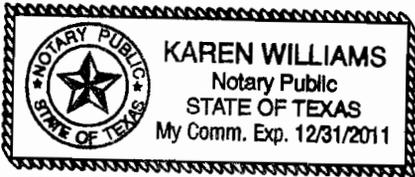
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jimmy R Bennett, this the 9th day of June, 20 10, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams 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:
3

2 FILER NAME
JIMMY R. BENNETT

3 ACCOUNT # (Ethics Commission files)

4 Date
5/6/10

5 Full name of contributor out-of-state PAC (ID#: _____)
HAMMER AND NAILS CLUB

6 Contributor address; City; State; Zip Code
**7001 BOULEVARD 26, SUITE 323
FORT WORTH, TX 76180**

7 Amount of contribution (\$)
250.00

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
5/6/10

Full name of contributor out-of-state PAC (ID#: _____)
APARTMENT ASSOC. TARRANT COUNTY APLC

Contributor address; City; State; Zip Code
**6350 BAKER BLVD.
FORT WORTH, TX 76118**

Amount of contribution (\$)
2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/6/10

Full name of contributor out-of-state PAC (ID#: _____)
RALPH & RAE SHELTON

Contributor address; City; State; Zip Code
**1308 CANTERBURY CT.
ARLINGTON, TX 76013**

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/11/10

Full name of contributor out-of-state PAC (ID#: _____)
RANDY & SARAH FORD

Contributor address; City; State; Zip Code
**3507 TOWNLAKE CIRCLE
ARLINGTON, TX 76016**

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
5/11/10

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

Contributor address; City; State; Zip Code
**6219 LAKE RIDGE RD.
ARLINGTON, TX 76016**

Amount of contribution (\$)
300.00

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
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:

3

2 FILER NAME

JIMMY R. BENNETT

3 ACCOUNT # (Ethics Commission files)

4 Date

5/25/10

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

JAMES CRIBBS

6 Contributor address; City; State; Zip Code

*4717 MORRIS HEIGHTS
ARLINGTON, TX 76016*

7 Amount of contribution (\$)

150.00

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

5/25/10

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

APARTMENT ASSOC. TARRANT COUNTY PAC

Contributor address; City; State; Zip Code

*6350 BAKER BLVD.
FORT WORTH, TX 76118*

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/10

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

ROSSET & KEEL MEMBER

Contributor address; City; State; Zip Code

*3820 LEISURE LANE
DENTON, TX 76220*

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

5/25/10

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

MELVIN & CANDICE LEBLANC

Contributor address; City; State; Zip Code

*2720 MARK TWAIN COURT
ARLINGTON, TX 76006*

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/10

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

ARLINGTON POLICE ASSOCIATION PAC

Contributor address; City; State; Zip Code

*P.O. Box 856
ARLINGTON, TX 76004*

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

*IN-KIND
LABOR*

(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: 3	
2 FILER NAME Jimmy R. Bennett		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/1/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Bob Luck Campaign	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1301 CROWN HILL COURT ARLINGTON, TX 76012		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Jones	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3307 TRANQUILITY DRIVE ARLINGTON, TX 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILIP & HOLLY HUFFINES	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8200 DOUGLAS AVE, SUITE 300 DALLAS, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald & Mary Huffines	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8200 DOUGLAS AVE, SUITE 300 DALLAS, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/10	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

2 FILER NAME

Jimmy R. Bennett

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/1/10

5 Payee name

ZAP PRINT & COPY

7

Amount (\$)

\$148.19

6 Payee address; City; State; Zip Code

*1021 West ABRAM
ARLINGTON, TX 76013*

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

5/1/10

Payee name

BANK OF AMERICA

Amount (\$)

\$32.00

Payee address; City; State; Zip Code

*P.O. Box 25118
TAMPA, FL 33622-5118*

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

BANK FEES

Date

5/12/10

Payee name

DAN FERNANDEZ

Amount (\$)

\$1,200.00

Payee address; City; State; Zip Code

*2823 QUAIL LANE
ARLINGTON, TX 76016*

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

CAMPAIGN SIGN LABOR

Date

5/29/10

Payee name

ARLINGTON POLICE ASSOCIATION PAC

Amount (\$)

*\$125
In-kind*

Payee address; City; State; Zip Code

*P.O. Box 856
ARLINGTON, TX 76004*

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

In-kind LABOR

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED