

# 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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST MI  
NICKNAME LAST SUFFIX  
JIMMY R.  
BENNETT

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE # CITY, STATE ZIP CODE  
2310 AUTUMN OAKS TR.  
ARLINGTON TX 76006  
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 459-6141

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Joe  
BRUNER

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
2311 AUTUMN OAKS TR.  
ARLINGTON, TX 76006

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 633-2332

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 THROUGH Month Day Year  
1 / 1 / 11 THROUGH 6 / 30 / 11

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
6 / 12 / 10  
 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

### OFFICE USE ONLY

Date Received  
11 JUL 14 AM 9:37  
RECEIVED - CSO

Date Hand-delivered or Postmarked

Receipt # Account

Date Processed

Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

16 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)

\$

*700.00*

EXPENDITURE TOTALS

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

\$

*80.00*

4. TOTAL POLITICAL EXPENDITURES

\$

*150.00*

CONTRIBUTION BALANCE

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

\$

*3,100.96*

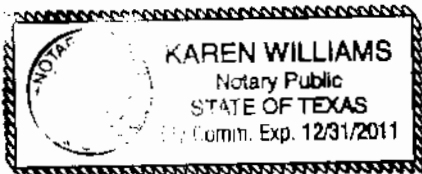
OUTSTANDING LOAN TOTALS

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

\$

*20,000*

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jimmy Bennett*, this the *July 14<sup>th</sup>* day of *July*, 20 *11*, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A: <u>1</u>                          |  |
| 2 FILER NAME<br><u>Jimmy R. Bennett</u>   |   | 3 ACCOUNT # (Ethics Commission Filers)                      |  |
| 4 Date<br><u>2/7/11</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>JIMMY RAY BENNETT</u>      | 7 Amount of contribution (\$)<br><u>\$500.00</u>            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>2310 AUTUMN OAKS TR.<br/>ARLINGTON, TX 76006</u> |   | (If travel outside of Texas, complete Schedule T)           |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)<br><u>JIMMY BENNETT, CPA</u> |  |
| Date<br><u>5/8/11</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>CHARLES &amp; NORA GREEN</u> | Amount of contribution (\$)<br><u>200.00</u>                | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>4101 VISTA CREEK CT.<br/>ARLINGTON TX 76016</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#:                                    | 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)                                 |  |
| 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 SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*JIMMY R. BENNETT*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

*\$20,000*

5 Date of loan

*VARIOUS*

7 Name of lender

*JIMMY R. BENNETT*

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

*20,000*

6 Is lender a financial Institution?

*Y*

8 Lender address; City; State; Zip Code

*2310 AUTUMN OAKS TR  
ARLINGTON, TX 76006*

10 Interest rate

*0*

11 Maturity date

*NONE*

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

*Y*   *N*

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                       |   |  |
|---------------------------------------|---|--|
| 1 Total pages Schedule F:<br><b>1</b> | 2 FILER NAME<br><b>JIMMY R. BENNETT</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|--|

|                          |  |
|--------------------------|--|
| 4 Date<br><b>3/31/11</b> | 5 Payee name<br><b>ARLINGTON HIGH SCHOOL - MARDI GRAS AFTER PROM PARTY</b> |
|--------------------------|--|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><b>\$100.00</b> | 7 Payee address; City; State; Zip Code<br><b>P.O. BOX 14373<br/>ARLINGTON, TX 76094</b> |
|----------------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>ADVERTISING</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |   |
|------------------------|---|
| Date<br><b>6/17/11</b> | Payee name<br><b>LAMAR BAPTIST CHURCH GOLF TOURNAMENT</b> |
|------------------------|---|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$50.00</b> | Payee address; City; State; Zip Code<br><b>1000 W. LAMAR BLVD.<br/>ARLINGTON, TX 76012</b> |
|-------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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