

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 <input checked="" type="checkbox"/> MF FIRST: Jimmy LAST: BENNETT MI: R. SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 2310 AUTUMN OAKS TR. APT / SUITE #: ARLINGTON, TX 76006 CITY: ARLINGTON, TX 76006 STATE: TX 76006 ZIP CODE:	Date Received: 12 JUL 16 PM 2:24 RECEIVED - CSO Date Hand-delivered or Postmarked: amount Receipt # Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 459-6141 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST: Joe LAST: BRUNER MI: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2311 AUTUMN OAKS TR. APT / SUITE #: ARLINGTON, TX 76006 CITY: ARLINGTON, TX 76006 STATE: TX 76006 ZIP CODE:		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 633-2332 EXTENSION:		
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 5 / 5 / 12 THROUGH 6 / 30 / 12		
11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) ARLINGTON CITY COUNCIL DISTRICT 7	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jimmy Bennett 15 ACCOUNT # (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)	\$ 7,984.93
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,534.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,181.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

18 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 Commission Expires
February 14, 2015

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmy Bennett, this the 16th day of July, 20 12, to certify which, witness my hand and seal of office.

Jma Stewart
Signature of officer administering oath

Tina Stewart
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: **2**

2 FILER NAME

JIMMY R. BENNETT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/7/12

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

PERDUE, BRANON, FIELDS, COLLINS & MOTT

6 Contributor address; City; State; Zip Code

**P.O. BOX 13430
ARLINGTON, TX 76094-0430**

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

5/7/12

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

LINSEBAEK GOLGAN BLAIR & SAMPSON

Contributor address; City; State; Zip Code

**P.O. BOX 17428
AUSTIN, TX 78760**

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

5/7/12

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

APARTMENT ASSOCIATION TARRANT COUNTY PAC

Contributor address; City; State; Zip Code

**6350 BAKER BLVD.
RICHLAND HILLS, 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

5/15/12

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

VICTOR & KRISTIN VANDORAGRIFF

Contributor address; City; State; Zip Code

**1216 W PARK ROW DR.
ARLINGTON, TX 76013**

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

5/15/12

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

HAMMER & NAILS CLUB

Contributor address; City; State; Zip Code

**7001 BOULEVARD 26, SUITE 323
FORT WORTH, TX 76180**

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

5/15/12

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

ARLINGTON POLICE ASSOCIATION

6 Contributor address; City; State; Zip Code

P.O. BOX 856
ARLINGTON, TX 76004

7 Amount of contribution (\$)

3,178.81

8 In-kind contribution description (if applicable)

SIGNS & ADVERTISING

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/4/12

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

NORTHCOLLINS GENERAL PARTNERSHIP

Contributor address; City; State; Zip Code

LAKEWOODS TOWER #401
6220 GASTON AVE, DALLAS, TX 75214

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

6/4/12

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

Don & CRISTY DUNE

Contributor address; City; State; Zip Code

P.O. BOX 13464
ARLINGTON, TX 76094

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

6/4/12

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

ARLINGTON POLICE ASSOCIATION

Contributor address; City; State; Zip Code

P.O. BOX 856
ARLINGTON, TX 76004

Amount of contribution (\$)

456.12

In-kind contribution description (if applicable)

SIGNS & ADVERTISING

(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 SCHEDULE AS NEEDED

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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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	JIMMY R. BENNETT	
4 Date	5 Payee name	
5/15/12	ARLINGTON POLICE ASSOCIATION	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
3,178.81 -TAXES-	P.O. BOX 856, ARLINGTON TX 76004	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING	SIGNED ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	JIMMY R. BENNETT	ARLINGTON CITY COUNCIL
Date	Payee name	
5/15/12	ARLINGTON POLICE ASSOCIATION	
Amount (\$)	Payee address; City; State; Zip Code	
2,000.00	P.O. BOX 856, ARLINGTON, TX 76004	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING	SIGNS & ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	JIMMY R. BENNETT	ARLINGTON CITY COUNCIL
Date	Payee name	
6/4/12	JIMMY BENNETT	
Amount (\$)	Payee address; City; State; Zip Code	
5,000.00	2310 AUTUMN OAKS TR. ARLINGTON, TX 76006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	LOAN REPAYMENT	LOAN REPAYMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	JIMMY R. BENNETT	ARLINGTON CITY COUNCIL
Date	Payee name	
6/29/12	BLUE CRICKET, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
900.00	508 JUNIPER DRIVE, ARLINGTON, TX 76018	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	OTHER	WEBSITE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	JIMMY R. BENNETT	ARLINGTON CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>2</i>	2 FILER NAME <i>Jimmy R. Bennett</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6/4/12</i>	5 Payee name <i>ARLINGTON POLICE ASSOCIATION</i>	
6 Amount (\$) <i>456.12</i> <i>- IN KIND</i>	7 Payee address, City, State, Zip Code <i>P.O. Box 856, ARLINGTON, TX 76004</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>STEPS - ADVERTISING</i>
	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)
	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)
	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)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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