

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Phillip G. Bengé **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.

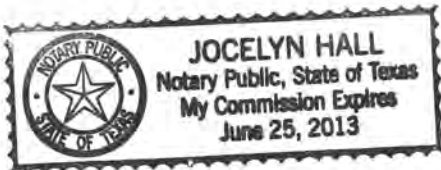
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,455.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 77.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,197.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 875.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1166.75

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.

Phillip Bengé
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Phillip Bengé, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

Jocelyn Hall Signature of officer administering oath
Jocelyn Hall Printed name of officer administering oath
Personal Banker 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: **1**

2 FILER NAME

Phillip G. Bengé

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-25-12

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

Take & Judy Saunders

6 Contributor address; City; State; Zip Code

**1309 Hillary Ln
Arlington TX 76012**

7 Amount of contribution (\$)

\$500-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retail Business Owner

10 Employer (See Instructions)

Self employed

Date

2-22-12

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

Chris Garcia

Contributor address; City; State; Zip Code

**8136 Camp Bowie W
Fort Worth TX 76116**

Amount of contribution (\$)

\$95-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-22-12

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

Mike & Tami Dickerson

Contributor address; City; State; Zip Code

**3105 S. Fielder Rd
Arlington TX 76015**

Amount of contribution (\$)

\$200-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-29-12

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

Lewis & Janis Gentsch

Contributor address; City; State; Zip Code

**4303 Valleycrest Dr
Arlington TX 76013**

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-29-12

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

Stoneburgh Mgmt LLC (proceeds from fundraiser)

Contributor address; City; State; Zip Code

**3737 Wren Ave
Fort Worth TX 76133**

Amount of contribution (\$)

\$310-

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME Phillip G. Bengé		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 2-22-12	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Bengé	9 Loan Amount (\$) \$51.75
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 6704 Capitol Hill Dr. Arlington TX 76017	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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: 2	2 FILER NAME Phillip G. Bengge	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-16-12	5 Payee name Office Depot
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6 Amount (\$) \$29.80	7 Payee address; City; State; Zip Code 401 SW Plaza, Ste 107 Arlington TX 76010
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing/Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fundraising Flyers, Pens
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-23-12	Payee name Elite Flyers
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Amount (\$) \$520	Payee address; City; State; Zip Code 407 Lincoln Rd, Ste B-F Miami Beach, FL 33139
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing / Shipping	Description (If travel outside of Texas, complete Schedule T) Push Cards & Shipping of them
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-24-12	Payee name The UPS Store
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Amount (\$) \$24.04	Payee address; City; State; Zip Code 4401 Little Rd, Ste 550 Arlington TX 76010
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Push Cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-27-12	Payee name Adobe Systems
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Amount (\$) \$20.52	Payee address; City; State; Zip Code 345 Park Ave San Jose CA 95110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Web Site Management
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| 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	2 FILER NAME Phillip G. Bengé	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-27-12	5 Payee name Adobe Systems	
6 Amount (\$) \$20.52	7 Payee address; City; State; Zip Code 345 Park Ave San Jose CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) web site Management
	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3-27-12	Payee name Adobe Systems	
Amount (\$) \$20.52	Payee address; City; State; Zip Code 345 Park Ave San Jose CA 95110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) web site Management
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Phillip G. Bengé	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-24-11	5 Payee name GoDaddy	
6 Amount (\$) \$475.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd, Ste 226 Scottsdale AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Web Hosting/Domain Name
Date 3-20-12	Payee name GR Sites	
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code GRSITES.COM	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Website Graphics
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 2	2 FILER NAME Phillip G. Bengel	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-4-12	5 Payee name Chase Bank	
6 Amount (\$) \$11.97	7 Payee address; City; State; Zip Code PO Box 659754 San Antonio TX 78265-9754	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/ Banking	(b) Description (See instructions regarding type of information required.) Checking Supplies
Date 3-30-12	Payee name Chase Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 659754 San Antonio TX 78265-9754	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/ Banking	Description (See instructions regarding type of information required.) Bank Service Fee
Date 1-19-12	Payee name Pay Pal	
Amount (\$) \$1.04	Payee address; City; State; Zip Code 2211 N. First St. San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (See instructions regarding type of information required.) Service Fee
Date 2-23-12	Payee name Pay Pal	
Amount (\$) \$2.78	Payee address; City; State; Zip Code 2211 N. First St San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (See instructions regarding type of information required.) Service Fee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: <p style="text-align:center; font-size: 2em;">2</p>	2 FILER NAME <p style="text-align:center; font-size: 1.5em;">Phillip G. Bengé</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.5em;">3-25-12</p>	5 Payee name <p style="text-align:center; font-size: 1.5em;">Pay Pal</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$ 3.21</p>	7 Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.2em;">2211 N. First St. San Jose CA 95131</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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