

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<i>Dimetria Benson</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>7324 Easton Ave Ste 124, PMB 398 Dallas, Texas 75214</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(214) 320-4853</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<i>Jessica Stettler Praeger</i>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>7144 Carousel Cir. Dallas Texas 75214</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(214) 912-1879</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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<i>2 / 30 / 22</i>		THROUGH
		Month	Day
		<i>6 / 30 / 22</i>	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		OFFICE HELD (if any)	
<i>Judge, Dallas Co. Ct at Law #1</i>		<i>Judge, Dallas Co. Ct at Law #1</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

FILED

2022 JUL 15 PM 1:51

JOHN E. WARREN
COUNTY CLERK
DALLAS COUNTY
DEPUTY

BY _____

Date Hand-delivered on _____ Date Postmarked _____

Receipt # _____ Amount \$ _____

Date Processed _____

Date Imaged _____

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

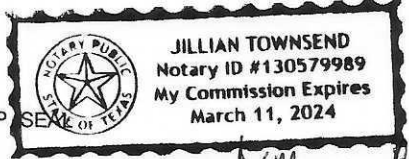
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0- ¹⁷²
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,387 ⁷⁶ / _{xx}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 742 ²⁵ / _{xx}
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,864 ⁰⁰ / _{xx}
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 83,839 ⁰⁶ / _{xx}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE 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.

Dijetna Bense
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by D'Motria Benson this the 15 day of July, 2022, to certify which, witness my hand and seal of office.

Jillian Townsend Signature of officer administering oath
Jillian Townsend Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 44,387 ⁷⁶ / _{XX}
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,864 ⁰⁰ / _{XX}
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>D Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Bell, Nunnally</i>	7 Amount of contribution (\$) <i>2,500</i>
6 Contributor address; City; State; Zip Code <i>2323 Ross Avenue Ste 1900 Dallas TX 75201</i>		
8 Contributor's principal occupation <i>law firm</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>5/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Tod B Lyon + Assoc</i>	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; City; State; Zip Code <i>18601 LBJ Freeway #525 Mesquite TX 75150</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>2/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ben Martin</i>	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; City; State; Zip Code <i>3141 Hood St Dallas TX 75219</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Martin Baughman</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metra Bensch

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/22

5 Full name of contributor

Any W. Theute

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

5,000

6 Contributor address;

16446 N Central Expressway #400
Dallas TX 75231

City;

State;

Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

w. Theute law

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

4/14/22

Full name of contributor

Paul Wengo

out-of-state PAC ID#: _____

Amount of contribution (\$)

5,000

Contributor address;

325 N. St Paul Ste 3300 Dallas TX 75201

City;

State;

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Hamelton Wengo

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

4/28/22

Full name of contributor

Brian Sanford

out-of-state PAC ID#: _____

Amount of contribution (\$)

259.92

Contributor address;

1910 Pacific Ave Ste 19100 Dallas TX 75201

City;

State;

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Sanford Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/22

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

Jerry Andrews

7 Amount of contribution (\$)

\$ 500

6 Contributor address; City; State; Zip Code

3030 LBJ Fwy #130
Dallas TX 75234

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/22

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

^ ^ ^

Amount of contribution (\$)

^

Contributor address;

1201

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

4/14/22

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

Kane Russell Coleman Logan PC

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

901 Main St #5200 Dallas TX 75202

Contributor's principal occupation

law firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Dimetria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Monique Yee Form</i>	7 Amount of contribution (\$) <i>25⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 821142 Dallas TX 75382</i>		
8 Contributor's principal occupation <i>not emp</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Tom Barron</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>3030 Mc Kenney #1603 Dallas TX 75204</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Christopher Hutson</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>1721 Abrams Rd Richardson TX 75081</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/22

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

Edward Sampson

7 Amount of contribution (\$)

51952

6 Contributor address; _____

City; _____

State; _____

Zip Code _____

4851 LBJ Freeway Farnes Branch TX 75204

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

SELF

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

5/4/22

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

Heather Long

Amount of contribution (\$)

\$250⁰⁰

Contributor address; _____

City; _____

State; _____

Zip Code _____

1029 Longhull Way Fower TX 75126

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

SELF

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/4/22

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

Gina Giblein

Amount of contribution (\$)

100⁰⁰

Contributor address; _____

City; _____

State; _____

Zip Code _____

226 E 6th St Dallas TX 75203

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Hernandez Law Group

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Dilmetria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/5/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Lisa Blue Bacon</i>	7 Amount of contribution (\$) <i>2500</i>
6 Contributor address; City; State; Zip Code <i>4047 Cochran Chapel Rd Dallas 75209</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Bacon + Blue</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/5/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jennifer Spencer</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>1221 Meut Dr #160 Dallas TX 75251</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Jedynn Spencer</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/5/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Anthony "Nick" Pittman</i>	Amount of contribution (\$) <i>2500</i>
Contributor address; City; State; Zip Code <i>100 Crescent Ct Ste 700 Dallas 75201</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Dr. Melvin Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/5/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Mark Ticer</i>	7 Amount of contribution (\$) <i>1020.30</i>
6 Contributor address; City; State; Zip Code <i>10440 N. Central Expwy #600 Dallas TX 75231</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sean Cox</i>	Amount of contribution (\$) <i>519.52</i>
Contributor address; City; State; Zip Code <i>1022 Fieldcrest Dr Dallas TX 75231</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ryan Thompson</i>	Amount of contribution (\$) <i>1,000</i>
Contributor address; City; State; Zip Code <i>2011 Sauvignon San Antonio TX 78258</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME *D'Melia Benson*

3 Filer ID (Ethics Commission Filers)

4 Date
5/6/22

5 Full name of contributor out-of-state PAC ID#: _____
Ben Taylor

7 Amount of contribution (\$)
100

6 Contributor address; City; State; Zip Code
2034 Lakeforest Ct Dallas TX 75214

8 Contributor's principal occupation
attorney

9 Contributor's job title

10 Contributor's employer/law firm
Ted Lyon

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

5/9/22

Lynne Nash

100

Contributor address; City; State; Zip Code
905 Rodes Dr Colleyville TX 76034

Contributor's principal occupation
attorney

Contributor's job title

Contributor's employer/law firm
self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

5/9/22

Shelli Morrison

25992

Contributor address; City; State; Zip Code
120 E Corsicana St Athens TX 75751

Contributor's principal occupation
attorney

Contributor's job title

Contributor's employer/law firm
self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Dr. Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/9/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Reena Gonzalez</i>	7 Amount of contribution (\$) <i>500</i>
6 Contributor address; City; State; Zip Code <i>12160 Abrams St 503 Dallas TX 75243</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Mark Johansen</i>	Amount of contribution (\$) <i>51952</i>
Contributor address; City; State; Zip Code <i>35386 Purdue Avenue Dallas TX 75225</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Reed Smith</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Hal Gillespie</i>	Amount of contribution (\$) <i>25000</i>
Contributor address; City; State; Zip Code <i>5438 Vanderbelt Ave Dallas TX 75206</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D. Melissa Benson

3 Filer ID (Ethics Commission Filers)

4 Date

5/10/22

5 Full name of contributor

John Jose

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

1,000

6 Contributor address;

100 Lexington St Fort Worth TX 76102

City;

State;

Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Stack Davis Senger

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

5/10/22

Full name of contributor

Carol Donovan

out-of-state PAC ID#: _____

Amount of contribution (\$)

259.92

Contributor address;

6509 Malachuk Drive Dallas 75214

City;

State;

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/10/22

Full name of contributor

Dana McArthur

out-of-state PAC ID#: _____

Amount of contribution (\$)

50

Contributor address;

8361 Nunley Ln Dallas 75231

City;

State;

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

McA self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/22

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

Payma Kuhnel & Smith

7 Amount of contribution (\$)

9,000

6 Contributor address;

City;

State;

Zip Code

*1126 N. Zang Blvd
Dallas TX 75203*

8 Contributor's principal occupation

attorneys-firm

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

5/11/22

Full name of contributor out-of-state PAC ID#:

Jeffrey M. Tillotson PE

Amount of contribution (\$)

\$5,000

Contributor address;

City;

State;

Zip Code

*1807 Ross Avenue #325
Dallas TX 75201*

Contributor's principal occupation

law firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/16/22

Full name of contributor out-of-state PAC ID#:

Godwen Bowman PE

Amount of contribution (\$)

5,000

Contributor address;

City;

State;

Zip Code

*1201 Elm St #1700
Dallas TX 75210*

Contributor's principal occupation

law firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>D'Arcy Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Geoffrey Schovv</i>	7 Amount of contribution (\$) <i>535⁵⁵</i>
6 Contributor address; City; State; Zip Code <i>3114 St. Johns Dr Dallas TX 75205</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kvizi Kastl</i>	Amount of contribution (\$) <i>51952</i>
Contributor address; City; State; Zip Code <i>3335 Blackburn St Dallas 75201</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Alison Battiste</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>12770 Port Rd #600 Dallas 75251</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Munch Wilson</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jason January</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>3030 JBJ Frey #130 Dallas TX 75234-7748</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Charles L. Hoedebeck</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>1817 Cunningham st Irving TX 75062</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>5/25/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Joseph J. Mastrogiovanni</i>	Amount of contribution (\$) <i>500</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>8080 N. Central Expwy #1300 Dallas TX 75206</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>D Mettina Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/17/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jade Peacock</i>	7 Amount of contribution (\$) <i>5195⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1349 Empire Central #500 LB 56 Dallas 75207</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>5/25/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Claudia Cano</i>	Amount of contribution (\$) <i>259⁵⁵</i>
Contributor address; City; State; Zip Code <i>3531 Mervell Rd Dallas TX 75229</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>LANWT</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dr. Melva Benson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>2/20/22</i>	5 Payee name <i>Reilly Echols Printing</i>
--------------------------	---

6 Amount (\$) <i>723.11</i>	7 Payee address: <i>1710 S. Harwood Dallas TX 75215</i>	City:	State:	Zip Code
-----------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>campaign materials</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>2/20/22</i>	Payee name <i>Reilly Echols Printing</i>
------------------------	---

Amount (\$) <i>405.94</i>	Payee address: <i>1710 S. Harwood Dallas TX 75215</i>	City:	State:	Zip Code
---------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>2-20-22</i>	Payee name <i>Disciple Central Community Church</i>
------------------------	--

Amount (\$) <i>\$100.00</i>	Payee address: <i>910 N. Polk St Desoto, Texas 75115</i>	City:	State:	Zip Code
-----------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Contribution</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D'Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>2-23-22</i>	5 Payee name <i>Beyond the Slogan</i>
--------------------------	--

6 Amount (\$) <i>\$ 3000⁰⁰/₄</i>	7 Payee address: <i>2710 Routh Creek # 4120 Richardson, Texas 75082</i>	City:	State:	Zip Code
---	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Advertising</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <i>3-1-22</i>	Payee name <i>Beyond the Slogan</i>
-----------------------	--

Amount (\$) <i>\$ 1250⁰⁰/₄</i>	Payee address: <i>2710 Routh Circle # 4120 Richardson, Texas 75082</i>	City:	State:	Zip Code
---	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <i>6-27-22</i>	Payee name <i>Smokey John</i>
------------------------	----------------------------------

Amount (\$) <i>\$ 223.23</i>	Payee address: <i>1830 W. Mockingbird Ln Dallas TX 75235</i>	City:	State:	Zip Code
---------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description <i>Intern lunch</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>3-23-3-26-22</i>	5 Payee name <i>El Dorado Hotel</i>
-------------------------------	--

6 Amount (\$) <i>\$ 218 ³⁴ XX</i>	7 Payee address; <i>309 W. San Francisco St Santa Fe, NM 87501</i>	City;	State;	Zip Code
---	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>Food</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>3-25-22</i>	Payee name <i>Sunflower Bank ATM</i>
------------------------	---

Amount (\$) <i>\$ 203 ⁰⁰ XX</i>	Payee address; <i>233 W. San Francisco Santa Fe, NM 87501</i>	City;	State;	Zip Code
---	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel Expense</i>	Description <i>Taxi Misc.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D'Metria Bevis 017</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>3-5-22</i>	5 Payee name <i>The Order Desk</i>
-------------------------	---------------------------------------

6 Amount (\$) <i>\$1247 ³⁶/_{XX}</i>	7 Payee address; <i>9840 Monroe Dr Ste 104 Dallas Texas 75220</i>	City;	State;	Zip Code
--	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>postage</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>3-5-22</i>	Payee name <i>Reilly Echols Printing</i>
-----------------------	---

Amount (\$) <i>\$189 ⁴⁴/_{XX}</i>	Payee address; <i>1710 South Harwood Dallas, Texas 75215</i>	City;	State;	Zip Code
---	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>3-6-22</i>	Payee name <i>American Airlines</i>
-----------------------	--

Amount (\$) <i>\$1258 ⁶⁹/_{XX}</i>	Payee address; <i>P.O. Box 619616 DFW Airport, Tx 75261-9616</i>	City;	State;	Zip Code
--	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel</i>	Description <i>Continuing Education</i>
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME P. Metria Benson	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/22	5 Payee name Democracy Toolbox	
6 Amount (\$) 2,000	7 Payee address; City; State; Zip Code 405 Rice St McAllen TX 78569-5460	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at top of this schedule) Consulting Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/16/22	Payee name Edwards & Patterson Sign	
Amount (\$) 209.23	Payee address; City; State; Zip Code 203 S Beltline Rd Irving TX 75060	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/13/22	Payee name Dallas Beer Association	
Amount (\$) 265.00	Payee address; City; State; Zip Code 2101 Ross Avenue Dallas TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Beer dues
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>6-27-22</i>	5 Payee name <i>Texas Center for the Judiciary</i>
--------------------------	---

6 Amount (\$) <i>\$ 335⁰⁰ XX</i>	7 Payee address; City; State; Zip Code
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Education Expense</i>	(b) Description <i>Continuing Education</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <i>6-1-22</i>	Payee name <i>Amazon.com</i>
-----------------------	---------------------------------

Amount (\$) <i>\$314⁹⁹ XX</i>	Payee address; City; State; Zip Code <i>3350 Altamore Dr Dallas, Tx 75241</i>
---	--

9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <i>toner</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <i>3-23-326-22</i>	Payee name <i>El Dorado Hotel</i>
----------------------------	--------------------------------------

Amount (\$) <i>\$1023⁹¹ XX</i>	Payee address; City; State; Zip Code <i>309 W. San Francisco St Santa Fe, NM 87501</i>
--	---

10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel out of District</i>	Description <i>Hotel</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dilmetria Benson	3 Filer ID (Ethics Commission Filers)
4 Date 6-30-22	5 Payee name Donorbox	
6 Amount (\$) \$1086 ⁴⁶/_{xx}	7 Payee address; 5 3rd Street Ste 900 San Francisco, CA 94103	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Transaction fees for online donations
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 6-6-22	Payee name Reilly Echols Printing		
Amount (\$) \$368 ⁰⁵/_{xx}	Payee address; 1710 S. Herwood St Dallas, Texas 75215		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

Date 6-6-22	Payee name Democracy Toolbox		
Amount (\$) \$2000 ⁰⁰/_{xx}	Payee address; 8552 Royal County Down Dr Mckinney, Texas 75010		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED