

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: **14**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
D'Metria
NICKNAME LAST SUFFIX
Benson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7324 Gaston Ave. Ste 124, PNB 398
Dallas, Texas 75214

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 320-4853

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MRS Jessica
NICKNAME LAST SUFFIX
Stettler-Praeger

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7144 Carrousel Cir.
Dallas Texas 75214

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 912-1879

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 Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 21 / 22 THROUGH **2 / 19 / 22**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 1 / 22 General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Judge, Dallas Co. Court at law #1

14 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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

BY **JOHN F. WARRIN**
COUNTY CLERK
DALLAS COUNTY
DEPUTY

2022 FEB 22 PM 12:36

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 JC/OH NAME D'Metria Benson 16 Filer ID (Ethics Commission Filers)

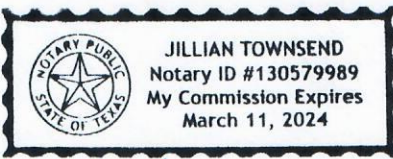
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,764.23</u> <u>XX</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>227.45</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>82,648.74</u> <u>XX</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>59,383.66</u> <u>XX</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

D'Metria Benson
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by D'Metria Benson this the 22 day of February, 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 <i>D'Metria Benson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>14,764</i> ^{<i>23</i>} <i>XX</i>
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	\$ <i>82,648</i> ^{<i>94</i>} <i>XX</i>
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: 1/4
2 FILER NAME D'Metria Benson		3 Filer ID (Ethics Commission Filers)
4 Date 1-23-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Chris Hamilton	7 Amount of contribution (\$) \$ 5,000 xx
6 Contributor address; City; State; Zip Code 5521 Swiss Ave. Dallas Tx 75214		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Hamilton Wings LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 1-24-22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jay Murray	Amount of contribution (\$) \$ 500 xx
Contributor address; City; State; Zip Code 4500 Westway Ave #1 Dallas Tx 75205		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Jay Murray		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 1-25-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Charla Abdous	Amount of contribution (\$) \$ 2596 ³⁷/_{xx}
Contributor address; City; State; Zip Code 4311 Oak Lawn Ave Ste 150 Dallas Tx 75219		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Aldous / Walker LLP		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: 2/4
2 FILER NAME D'Metria Benson		3 Filer ID (Ethics Commission Filers)
4 Date 1-30-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kay Van Way	7 Amount of contribution (\$) \$ 250 ⁰⁰ XX
6 Contributor address; City; State; Zip Code 12720 Hillcrest Rd Ste 600 Dallas Tx 75230		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Van Way Presby & Williams PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 1-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jay Murray	Amount of contribution (\$) \$ 500 ⁰⁰ XX
Contributor address; City; State; Zip Code 4500 Westway Ave #1 Dallas, TX 75205		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Jay Murray		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2-2-22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sam Abmasri	Amount of contribution (\$) \$ 1038 ⁷³ XX
Contributor address; City; State; Zip Code 9330 LBJ Fwy #120 Dallas Tx 75243		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm AMS 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:

3/4

2 FILER NAME

D Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2-10-22

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

Gloria Akin

7 Amount of contribution (\$)

\$ 2500 ~~00~~

6 Contributor address; City; State; Zip Code

1428 Denley Dr Dallas Texas 75216

8 Contributor's principal occupation

Home maker

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

2-11-22

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

Michael Mitchell

Amount of contribution (\$)

\$ 250 ~~00~~

Contributor address; City; State; Zip Code

7227 Abrams Pl. Ct. Dallas Texas 75231

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

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

2-11-22

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

Michael Payma

Amount of contribution (\$)

\$1000 ~~00~~

Contributor address; City; State; Zip Code

5505 Marquette Dr Plano, TX 75093

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

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: 4/4
2 FILER NAME D'Metria Benson		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joseph E. Ackels	7 Amount of contribution (\$) \$ 250⁰⁰
6 Contributor address; City; State; Zip Code 3030 LBJ Freeway #1550 Dallas TX 75234		
8 Contributor's principal occupation attorney		9 Contributor's job title - atty
10 Contributor's employer/law firm Ackels & Ackels		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jack Peacock	Amount of contribution (\$) \$ 779.13
Contributor address; City; State; Zip Code 1349 Empire Center Dr #500 Dallas TX 75247		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Gagnon, Peacock & Vereker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 11/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Grog Mc Allister	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 500 N Akard #1900 Dallas TX 75201		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Rogge Dunn 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.

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: 1/7	2 FILER NAME D'Metria Benson	3 Filer ID (Ethics Commission Filers)
4 Date 1-25-22	5 Payee name Rebel Idealist	
6 Amount (\$) \$136⁴⁵/00	7 Payee address; City; State; Zip Code 53 rd St. Ste. 900 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor box fees
	(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 1-24-22	Payee name ESPY Sports Group, LLC	
Amount (\$) \$1500⁰⁰/00	Payee address; City; State; Zip Code 4206 Goodfellow Dr Dallas Texas 75229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description consulting
	<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 2-1-22	Payee name Interdenominational Ministerial Alliance	
Amount (\$) \$150⁰⁰/00	Payee address; City; State; Zip Code 8350 Jonesthane Dallas Texas 75229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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: 2/7	2 FILER NAME DeMetria Benson	3 Filer ID (Ethics Commission Filers)
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4 Date 1-30-22	5 Payee name The Order Desk
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6 Amount (\$) 37,198.93	7 Payee address: 9840 Monroe Dr #104 Dallas TX 75220	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description mailing + postage
	(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
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Date 1-30-22	Payee name Democracy Toolbox
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Amount (\$) 290⁰⁰	Payee address: Democracy Toolbox / c/o Jeff Dalton 8552 Royal County Dawn Drive McKinney, TX 75070	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description postcards reimbursement
	(c) <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
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Date 2-6-22	Payee name Church of the Living God
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Amount (\$) \$100⁰⁰ XX	Payee address: 3711 Biglow Dr Dallas Texas 75216	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Donation
	(c) <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
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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 Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/7	2 FILER NAME Dimitria Benson	3 Filer ID (Ethics Commission Filers)
4 Date 1/26/22	5 Payee name Reilly Echols	
6 Amount (\$) \$173 ²⁰	7 Payee address; City; State; Zip Code 1710 S. Harwood St Dallas TX 75215	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description shaw of Dallas Co. postcard
	(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 1/26/22	Payee name Beyond The Logan Consulting	
Amount (\$) 2565	Payee address; City; State; Zip Code 2710 RowmCreek #4120 Richardson TX 75082	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description canvassing
	<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 1/26/22	Payee name Reilly Echols	
Amount (\$) 883 ³²	Payee address; City; State; Zip Code 1710 S Harwood St Dallas TX 75215	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing inv #36731	Description hangers
	<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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>4/7</i>	2 FILER NAME <i>D'Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-9-22</i>	5 Payee name <i>Reilly Echols Printing</i>	
6 Amount (\$) <i>\$426 ²³/XX</i>	7 Payee address; <i>1710 S. Harwood Dallas Texas 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2-9-22</i>	Payee name <i>Reilly Echols Printing</i>	
Amount (\$) <i>\$18,106 ⁴⁴/XX</i>	Payee address; <i>1710 S. 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>2-9-22</i>	Payee name <i>Custom Print DFW</i>	
Amount (\$) <i>297 ⁶⁹/XX</i>	Payee address; <i>806 S. St. Paul St.</i>	City; State; Zip Code <i>Dallas Texas 75201</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing 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 <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: 5/7	2 FILER NAME D Metria Benson	3 Filer ID (Ethics Commission Filers)
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4 Date 2-9-22	5 Payee name The Order Desk
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6 Amount (\$) \$ 1269 ⁰³/_{XX}	7 Payee address; 9840 Monroe Dr Ste 104	City; Dallas	State; Texas	Zip Code 75220
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Postage
	(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
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Date 2-9-22	Payee name Sylvia Lagos
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Amount (\$) \$ 250 ⁰⁰/_{XX}	Payee address; 131 N. Montclair	City; Dallas	State; Texas	Zip Code 75208
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Canvassing
	<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
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Date 2-11-22	Payee name Beyond The Slogan
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Amount (\$) \$ 5500 ⁰⁰/_{XX}	Payee address; 2710 Routh Creek #4120	City; Richardson Tx	State; Tx	Zip Code 75082
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Canvassing
	<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
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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: <i>6/7</i>	2 FILER NAME <i>D Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-11-22</i>	5 Payee name <i>Beyond the Slogan</i>	
6 Amount (\$) <i>\$2565⁰⁰ XX</i>	7 Payee address; City; State; Zip Code <i>2710 Routh Creek #4120 Richardson Texas 75082</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Canvassing</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>2-13-22</i>	Payee name <i>Tabernacle of Praise</i>	
Amount (\$) <i>\$100⁰⁰ XX</i>	Payee address; City; State; Zip Code <i>6925 Wolford Ave, Dallas, Texas 75227</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Donation</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>2-17-22</i>	Payee name <i>Nancy Mulder Campaign</i>	
Amount (\$) <i>\$100⁰⁰ XX</i>	Payee address; City; State; Zip Code <i>13901 Midway Rd. Ste 102, PMS 498 Dallas, Texas 75244</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Donation</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

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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: 7/7	2 FILER NAME D'Metria Benson	3 Filer ID (Ethics Commission Filers)
4 Date 2-7-22	5 Payee name AMAC Consultants Entertainment & Productions	
6 Amount (\$) \$ 5,000 ⁰⁰/_{xx}	7 Payee address; City; State; Zip Code 4042 Huckleberry Cir Dallas, Texas 75216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(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
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Date 2-13-22	Payee name AMAC Consultants Entertainment & Productions
Amount (\$) \$ 5,000 ⁰⁰/_{xx}	Payee address; City; State; Zip Code 4042 Huckleberry Cir Dallas, Texas 75216

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	(c) <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
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Date 2-14-22	Payee name The Dallas Examiner
Amount (\$) \$ 810 ⁰⁰/_{xx}	Payee address; City; State; Zip Code 400 S. Zang Blvd Ste 1022 Dallas, Texas 75208

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	(c) <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
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