

# 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

D'Metria Benson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

7324 Gaston Ave. Ste 124, PMB 398  
Dallas Texas 75214

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

326-4853

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jessica Stettler-Kraeger

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

7144 Carrousel Cir.  
Dallas Tx 75214

(Residence or Business)

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 / 1 / 2023

THROUGH

6 / 30 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 1 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Judge Dallas County Court at Law #1

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

BY DEPUTY

JOHN E. WALKER  
COUNTY CLERK  
DALLAS COUNTY

2023 JUL 17 PM 5:15

FILED

Date Hand-Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

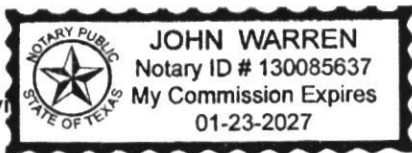
FORM JC/OH  
COVER SHEET PG 2

<b>16</b> JC/OH NAME		<b>16</b> Filer ID (Ethics Commission Filers)
<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,953 <sup>14</sup> / <sub>XX</sub>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1187 <sup>51</sup> / <sub>XX</sub>
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,163. <sup>56</sup> / <sub>XX</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48,659 <sup>56</sup> / <sub>XX</sub>
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.

*D'Metrea Benson*  
Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by D'Metrea Benson this the 7 day of July, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: John F. Warren 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	\$ 34,953. <sup>14</sup> <del>87</del>
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	\$ 17,145. <sup>55</sup> <del>87</del>
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: <b>1 of 13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/16/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Geoffrey Staples</b>	7 Amount of contribution (\$) <b>150<sup>00</sup></b>
6 Contributor address: _____ City: _____ State: _____ Zip Code <b>911 St. Joseph St Apt 1009 Dallas TX 75246</b>		
8 Contributor's principal occupation <b>Computer Tech</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>N/A</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
-----		
Date <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>The Farmer Law Group</b>	Amount of contribution (\$) <b>500</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>4005 Zang Blvd #350 Dallas TX 75208</b>		
Contributor's principal occupation <b>attorney</b>		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 <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Julie Zanatta</b>	Amount of contribution (\$) <b>100</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>700 Jackson St #750 Dallas TX 75202</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Self</b>		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: <b>213</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/15/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Law Office Van Shaw</b>	7 Amount of contribution (\$) <b>5,000</b>
6 Contributor address: City: State: Zip Code <b>2723 Fairmont St Dallas TX 75201-1912</b>		
8 Contributor's principal occupation <b>attorneys</b>		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 <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Michael Cole</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address: City: State: Zip Code <b>307 Celestine Apt 144 Dallas TX 75204</b>		
Contributor's principal occupation <b>lawyer</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Ramon E Gonzalez</b>	Amount of contribution (\$) <b>1,000</b>
Contributor address: City: State: Zip Code <b>14755 Preston Rd #520 Dallas TX 75281</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		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: <b>3/13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Bell Mennalley</b>	7 Amount of contribution (\$) <b>1,000</b>
6 Contributor address: City: State: Zip Code <b>2523 Ross Avenue # 1900 Dallas TX 75201</b>		
8 Contributor's principal occupation <b>attorney</b>		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 <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Law Offices of Sean R Cox</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>400 N EVVAU ST # 130864 Dallas TX 75313</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Jeffrey M Tilloson</b>	Amount of contribution (\$) <b>5,000</b>
Contributor address: City: State: Zip Code <b>1807 Ross Ave Ste 325 Dallas TX 75201</b>		
Contributor's principal occupation <b>attorneys</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>4/13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/16/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Carmen Mitchell</b>	7 Amount of contribution (\$) <b>\$5,000</b>
6 Contributor address: City: State: Zip Code <b>3110 Webb Ave Ste 150 Dallas TX 75205</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Payma, Kuknel &amp; Smith</b>	Amount of contribution (\$) <b>2,500</b>
Contributor address: City: State: Zip Code <b>1146 N Zang Blvd Dallas TX 75203</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Anjel Avant</b>	Amount of contribution (\$) <b>200</b>
Contributor address: City: State: Zip Code <b>11666 High Forest Dr Dallas TX 75230</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1 <b>5/13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/10/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Roseanne Mills</b>	7 Amount of contribution (\$) <b>25992</b>
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>6906 Casa Loma Ave Dallas TX</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>1/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Bryan Sanford</b>	Amount of contribution (\$) <b>25992</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>1173 Tea Olive Lane Dallas TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>1/11/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Daniel Kent</b>	Amount of contribution (\$) <b>10415</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>6 Twin Ponds Court Dallas TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		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: <b>6 of 13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/31/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Dana Huffman</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
	6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>1901 N Central Expressway Ste 200 Richardson TX</b>	
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>1/31/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>John Horaney</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
	Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>4311 Oak Lawn Ave Dallas TX</b>	
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>2/1/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tamra Williams</b>	Amount of contribution (\$) <b>10415</b>
	Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>5518 Miller Heights Drive Rowlett TX</b>	
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1 <b>7 of 13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Reina Gonzalez</b>	7 Amount of contribution (\$) <b>1,000</b>
6 Contributor address; City; State; Zip Code <b>12160 Abrams # 503 Dallas TX</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/2/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Kevin Queenan</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>731 Station House Arlington TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/6/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Katherine McGovern</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4361 Royal Ridge Drive Dallas TX</b>		
Contributor's principal occupation <b>Citizen</b>		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: <b>8 of 13</b>
2 FILER NAME <b>Dimetria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/6/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>David Kent</b>	7 Amount of contribution (\$) <b>10415</b>
6 Contributor address; City; State; Zip Code <b>6 Turn Bridges Ct Dallas TX</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/6</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Rachel Montros</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>1121 Kinwest Parkway #100 Irving TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/12/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Sonja Bilger Ramonowski</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>7131 Brookcove Ln Dallas TX</b>		
Contributor's principal occupation <b>Citizen</b>		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)		

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**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: <b>9 of 13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>LISA Baxton</b>	7 Amount of contribution (\$) <b>2500</b>
6 Contributor address; City; State; Zip Code <b>4047 Cochran Chapel Blvd Dallas TX</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Luke LaFette</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>7402 Woodsprings Drive Garland TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jules Slim</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>PO Box 140367 Irving TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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# 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: <i>10 of 13</i>
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Angel Reyes</i>	7 Amount of contribution (\$) <i>2500</i>
6 Contributor address; City; State; Zip Code <i>8222 Douglas Ave Dallas TX 75203</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>2/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Lennie Bollenager</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>2122 Virginia St McKinney TX</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>wormington legal</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>2/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Heather Long</i>	Amount of contribution (\$) <i>9100</i>
Contributor address; City; State; Zip Code <i>775 Annapo St Honolulu HI</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: <i>11 of 13</i>
2 FILER NAME <i>D'Metria Benson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Charles Hoedemake</i>	7 Amount of contribution (\$) <i>500</i>
6 Contributor address; City; State; Zip Code <i>1106 Corporate Court Ste 146 Irving TX</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>2/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Geoffrey Schorr</i>	Amount of contribution (\$) <i>456.78</i>
Contributor address; City; State; Zip Code <i>3114 Saint Johns Dr Dallas TX</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>2/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Francisco Garza</i>	Amount of contribution (\$) <i>10415</i>
Contributor address; City; State; Zip Code <i>601 Northwest Loop 410 Dallas</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: <b>12 of 13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics/Commission Filers)
4 Date <b>2/17/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Dann Sheehan LLP</b>	7 Amount of contribution (\$) <b>1,000</b>
6 Contributor address; City; State; Zip Code <b>5910 N Central Expy # 1310 Dallas</b>		
8 Contributor's principal occupation <b>attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>firm</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Andrea Kelley</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>5910 N Central Expy Ste 1310 Dallas TX</b>		
Contributor's principal occupation <b>self</b>		Contributor's job title
Contributor's employer/law firm <b>attorney</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Hardin Ramey</b>	Amount of contribution (\$) <b>7500</b>
Contributor address; City; State; Zip Code <b>3890 WNW Highway #650 Dallas TX</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		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: <b>13 of 13</b>
2 FILER NAME <b>D'Metria Benson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-6-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lynn Pinker, Hurst &amp; Schwegmann LLP</b>	7 Amount of contribution (\$) <b>\$ 1000<sup>00</sup> <del>XX</del></b>
6 Contributor address: _____ <b>2100 Ross Ave Ste 2700</b>		City: _____ State: _____ Zip Code _____ <b>Dallas Texas 75201</b>
8 Contributor's principal occupation <b>Law Firm</b>		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 <b>2-17-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Maria Thomas-Jones</b>	Amount of contribution (\$) <b>100<sup>00</sup> <del>XX</del></b>
Contributor address: _____ <b>4446 Laren Ln</b>		City: _____ State: _____ Zip Code _____ <b>Dallas TX 75244</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>CEO Legal Aid of Northwest Texas</b>
Contributor's employer/law firm <b>Legal Aid of Northwest Texas</b>		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)		

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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.

<b>1</b> Total pages Schedule F1: <i>1/6</i>	<b>2</b> FILER NAME: <i>D'Metria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>1-25-23</i>	<b>5</b> Payee name: <i>Angels &amp; Moore</i>	
<b>6</b> Amount (\$): <i>\$216.<sup>63</sup> XX</i>	<b>7</b> Payee address; City; State; Zip Code: <i>520 E. 8th Irving, Texas 75060</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Gifts/Awards</i>	<b>(b)</b> Description <i>Gift</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <i>2-16-23</i>	Payee name <i>Times Ten Cellars</i>		
Amount (\$) <i>\$850.<sup>23</sup> XX</i>	Payee address; City; State; Zip Code <i>6324 Prospect Ave. Dallas, Texas 75214</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Fundraiser</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>2-16-23</i>	Payee name <i>Tony Galbraith Enterprise</i>		
Amount (\$) <i>\$550.<sup>00</sup> XX</i>	Payee address; City; State; Zip Code <i>6213 Rockrose Trail Fort Worth, Texas 76123</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Fundraiser</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.

<b>1</b> Total pages Schedule F1: <i>2/6</i>	<b>2</b> FILER NAME <i>D'Metria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2-16-23</i>	<b>5</b> Payee name <i>Johnston, Tobey, Baruch</i>	
<b>6</b> Amount (\$) <i>\$1920<sup>00</sup><del>xx</del></i>	<b>7</b> Payee address: City; State; Zip Code <i>12377 Merit Dr Ste. 880 Dallas, Texas 75251</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Legal Services</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-21-23</i>	Payee name <i>AMAZON</i>		
Amount (\$) <i>\$324<sup>74</sup><del>xx</del></i>	Payee address: City; State; Zip Code <i>33333 LBJ FWY Dallas, Texas 75241</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Beverage refrigerator</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>3-15-23</i>	Payee name <i>Dallas Bar Association</i>		
Amount (\$) <i>\$265<sup>00</sup><del>xx</del></i>	Payee address: City; State; Zip Code <i>2101 Ross Ave Dallas, Texas 75201</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Bar Dues</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 <u>ONLY</u> 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: 3/6	2 FILER NAME D'Metria Benson	3 Filer ID (Ethics Commission Filers)
4 Date 3-21-23	5 Payee name Southwest Airlines	
6 Amount (\$) \$429 <sup>96</sup> / <sub>100</sub>	7 Payee address: 2702 Love Field Dr Dallas, Texas 75235	City: State: Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Airfare
	(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 3-20-23	Payee name 94 Hotel Lodging 8883	
Amount (\$) \$214 <sup>10</sup> / <sub>100</sub>	Payee address:	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel in District	Description Hotel
	<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 4-4-23	Payee name Johnston Tobey Baruah	
Amount (\$) \$2650.00	Payee address: 12377 Merit Dr Ste 880 Dallas Texas 75251	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Legal Services	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

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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: <b>4/6</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-10-23</b>	5 Payee name <b>National Judicial College</b>
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6 Amount (\$) <b>\$950<sup>00</sup><del>74</del></b>	7 Payee address; City; State; Zip Code <b>1664 N. Virginia St Mail Stop 358, Reno NV 89503</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Education Expense</b>	(b) Description <b>Tutor</b>
	(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 <b>4-10-23</b>	Payee name <b>Eleni's Travel Tours</b>
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Amount (\$) <b>\$2340<sup>00</sup><del>74</del></b>	Payee address; City; State; Zip Code <b>5 Raspberry Dr. Broomfield PA 19008</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel Out of District</b>	Description <b>Airfare</b>
	<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 <b>4-10-23</b>	Payee name <b>Going.com</b>
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Amount (\$) <b>\$215<sup>45</sup><del>74</del></b>	Payee address; City; State; Zip Code <b>303. West 15th St Austin, Texas 78701</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel Out of District</b>	Description <b>Hotel</b>
	<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.

<b>1</b> Total pages Schedule F1: 5/6	<b>2</b> FILER NAME D'Metria Benson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5-24-23	<b>5</b> Payee name Western Hotel Irving	
<b>6</b> Amount (\$) \$489 <sup>30</sup> <del>75</del>	<b>7</b> Payee address; 400 W Las Colinas Blvd Irving Tx 75039	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel in District	<b>(b)</b> Description Hotel
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 5-26-23	Payee name State Bar of Texas		
Amount (\$) 295 <sup>00</sup> <del>75</del>	Payee address; 1414 Colorado St Austin Tx 78701		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description 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

Date 6-1-23	Payee name Johnsten Tobey Bernack		
Amount (\$) \$3436 <sup>50</sup> <del>75</del>	Payee address; 12372 Merit #2880 Dallas Texas 75251		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Legal Services	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

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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 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.

<b>1</b> Total pages Schedule F1: <i>6/6</i>	<b>2</b> FILER NAME <i>Demetria Benson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6-12-23</i>	<b>5</b> Payee name <i>Allianz Travel</i>	
<b>6</b> Amount (\$) <i>\$ 485<sup>00</sup> TX</i>	<b>7</b> Payee address: <i>9950 Marylan Ave Richmond Va 23233</i> City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Travel out of District</i>	<b>(b)</b> Description <i>Travel in person</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6-16-23</i>	Payee name <i>Costco</i>	
Amount (\$) <i>\$244<sup>67</sup> TX</i>	Payee address: <i>8055 Chesnut Hill Way Dallas TX</i> City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Beverage Exp</i>	Description <i>July Supplies</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	
<b>PURPOSE OF EXPENDITURE</b>	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

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