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 (Eth	ics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	D.Metri	Ø.	MI V SUFFIX	OFFICE USE ONLY Date Received	
- CANDIDATE /	ADDRESS / PO BOX;	Bensov APT / SUITE #:	CITY: STAT		2025 JUL 1 JOHN COUNDALL	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		Gaston Ave. Dallas Texa			UL 15 PM UL 15 PM UL 15 PM ALLAS COU	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214) 3	PHONE NUMBER	EXT	ENSION	Date Hand derivered or One Postmaned	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	JESSICAL LAST		MI SUFFIX	Date Processed Date Imaged	
		Praeger				
7 CAMPAIGN TREASURER ADDRESS	714	NO PO BOX PLEASED: APT/ 4 Carrousel	. Cir.	CITY;	STATE; ZIP CODE	
(Residence or Business)		Clas, Tevas				
8 CAMPAIGN TREASURER PHONE	(214) 91	2-1879	EXT	ENSION		
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	Month	Day Year		Month	Day Year	
COVERED	71	1 /2025	THROUGH	6	30 /2025	
11 ELECTION	ELECTION DA	TE Primar	y Runoff	Other Description		
	11/1/	22 Genera	Special	- Continue		
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if know	n)	
	Vidae Dollas	Count Court at A	aut 9			
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS		
GO TO PAGE 2						

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	etria Benson	16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN S	- 0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5)	-0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	183 3
	4. TOTAL POLITICAL EXPENDITURES	\$	793 64 XX
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY	22,757 55 XX
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	· -O-
18 SIGNATURE SI	wear, or affirm, under penalty of perjury, that the accompanying report is tru	ue and correc	t and includes all information
req	uired to be reported by me under Title 15, Election Code.		
	(5)178/10 F	10-	3
	Signature of C	Candidate/Offi	iceholder
	Signature of C	ourididate/Oni	certoider
	Please complete either option belo	North Manual Control of the Control	Alejandra Ortiz
(1) Affidavit			ID No. 124322508
NOTARY STAMP/SEA	L		OF MININ
Sworn to and subscribed	before me by D' Metria this the	. 15th	day of July
0.0	which, witness my hand and seal of office.		3
alon	Alejandra Ortiz		
Signature of officer administe	, - /\	Ti	tle of officer administering oath
	OR		
(2) Unsworn Declarati			
My name is	, and my date of birth	is	
27/27 = 34h			
My address is			
	(street) (city)	(state) (zi	p code) (country)
	(street) (city)		20

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Con			mmission Filers)
	D'Metria Benson			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	ž.	\$
4.		SCHEDULE E: LOANS		\$
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 743 64
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment			enter a category not listed above)		
Gredit Gard Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME TIA RENSON	3 File	r ID (Ethics Commission Filers)		
4 Date / 18,205	5 Payee name Office Dept	,			
6 Amount (\$)	7 Payee address: 514 Greenville Ave	Vullas	State; Zip Code 75206		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Bher- Office supplies	office suppl	office supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	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			
Check if travel outside of Texas. Complete Schedule T. C		Check if Austin, TX, offi	Check if Austin, TX, officeholder living expense		
Complete ONLY 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			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			