

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                       |   |                                  |  |  |
|---------------------------------------|---|----------------------------------|--|--|
| 1 Filer ID (Ethics Commission Filers) |   | 2 Total pages filed:<br><u>2</u> |  | <b>OFFICE USE ONLY</b><br>2026 MAR -2 AM 11:07<br><b>FILED</b><br>JOHN F. MARKLE<br>COUNTY CLERK<br>DALLAS COUNTY<br>TEXAS |
| 3 CANDIDATE / OFFICEHOLDER NAME       | MS / MRS / MR   | FIRST                            | MI   |  |
|                                       | NICKNAME  | LAST                             | SUFFIX   |  |
|                                       | <u>D'Metria</u>   |                                  | <u>✓</u>   |  |
|                                       | <u>Benson</u>   |                                  |  |  |
| 4 ORIGINAL REPORT TYPE                | <input type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input checked="" type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |                                  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input type="checkbox"/> Final report<br>Other (specify) _____ |  |
| 5 ORIGINAL PERIOD COVERED             | Month   | Day                              | Year   |  |
|                                       | <u>1</u>  | <u>1</u>                         | <u>26</u>  |  |
|                                       | THROUGH   | Month                            | Day  |  |
|                                       |   | <u>1</u>                         | <u>22</u>  |  |
|                                       |   | Year                             | Year   |  |
|                                       |   | <u>26</u>                        | <u>26</u>  |  |

6 EXPLANATION OF CORRECTION  
*Accidentally omitted names of donors(2) although all other information was provided.*

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  
 Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

D'Metria Benson  
 Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by D'Metria Benson this the 2nd day of March, 2026, to certify which, witness my hand and seal of office.  
Alejandra Ortiz  
 Signature of officer administering oath  
Alejandra Ortiz  
 Printed name of officer administering oath  
 \_\_\_\_\_  
 Title of officer administering oath

(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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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<br><i>D'Metria Benson</i>                              |  | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br><i>1-22-26</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Marquette Wolf</i> | 7 Amount of contribution (\$)<br><i>\$ 2630 <sup>44</sup>/<sub>XX</sub></i> |
|   | 6 Contributor address; City; State; Zip Code<br><i>18601 LBJ Fwy Mesquite, Tx 75150</i>                  |   |
| 8 Contributor's principal occupation<br><i>Attorney</i>             |  | 9 Contributor's job title   |
| 10 Contributor's employer/law firm<br><i>TED B LYON &amp; ASSOC</i> |  | 11 Law firm of contributor's spouse (if any)                                |
| 12 If contributor is a child, law firm of parent(s) (if any)        |  |   |

|  |  |   |
|--|--|---|
| Date<br><i>1-22-26</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Richard Mann</i> | Amount of contribution (\$)<br><i>\$ 2630 <sup>44</sup>/<sub>XX</sub></i> |
|  | Contributor address; City; State; Zip Code<br><i>18601 LBJ Fwy Mesquite, Tx 75150</i>                |   |
| Contributor's principal occupation<br><i>Attorney</i>            |  | Contributor's job title   |
| Contributor's employer/law firm<br><i>TED B LYON &amp; ASSOC</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.