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)

	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE		3/17/20
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	-
	Check if travel outside of Texas. Complete Schedul	the second s	tin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description		
Amount (\$)	Payee address;	City;	State; Zip Code	
Date	Payee name			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
EXPENDITURE	Check if travel outside of Texas. Complete Schedul	e T. Check if Aus	tin, TX, officeholder living expense	101
PURPOSE	Category (See Categories listed at the top of this schedu Contribution made by Car	Description Campaig	n Contribution 7	6
250.00	P.O. Box 346, Der	uson, TX	75821	
3/19/29 Amount (\$)	Robert Crawrey Payee address;	City;	State; Zip Code	
Date	Payee name			
expenditure to benefit C/O	William A. (Tony) Bernic	Grayson County	Sheriff N/A	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
EAFENDITURE	(c) Check if travel outside of Texas. Complete Scheduk	aT. Check if Aust	in, TX, officeholder living expense	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Fees		aising platform.	
4.10	1776 Wilson Blvd., Arlington, VA 22209			
Date 04/22/2024 Amount (\$)	5 Payee name WinRed 7 Payee address;	City;	State; Zip Code	
Total pages Schedule F1:	William A. (Tony) Bennie		3 Filer ID (Ethics Commission F	ilers)
xcounting/Banking onsulting Expense nntributions/Donations Made B Candidate/Officeholder/Politica adit Card Payment	Food/Beverage Expense Polli by Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala The Instruction Guide explains how	e Overhead/Rental Expense ng Expense ing Expense ines/Wages/Contract Labor v to complete this form.	Transportation Equipment & Related E Travel In District Travel Out Of District Other (enter a category not listed abov	/e)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	led: 6	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST William	мі А.	OFFICE	USE ONLY	
NAME	NICKNAME Tony	LAST Bennie	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 5275 Dugan	(; APT / SUITE #; Chapel Road, Bells,	CITY; STATE; ZIP CODE TX 75414			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	267-2951	EXTENSION	Date Hand-delivered or Date Postmarke		
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST	MI W.	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	NORNAME	Brady	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE	
TREASURER	2101 Renais	ssance Dr. Denisor	n. TX 75020			
(Residence or Business)			,			
B CAMPAIGN TREASURER PHONE	area code (903)	PHONE NUMBER 815-4909	EXTENSION			
9 REPORT TYPE	January 15	30th day before d		(Officeholde		
10 PERIOD	Month	Day Year	Month	Day Yea	r	
COVERED	1	/ 1 / 24	THROUGH 6	/ 30 / 24		
11 ELECTION	ELECTION D. Month Day 11 / 5	ATE Year Primary 24 General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known Grayson County			
4 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 OF CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
Additional Fuges	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAI CONTRIBUTIONS MADE ELE 		\$
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOANS	\$ 5,413.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 294.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE LA	st day \$ 29,788.45
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI 	OF ALL OUTSTANDING LOANS AS C NG PERIOD	FTHE \$
	wear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,		e and correct and includes all information
		Milia A. Signature of C.	andidate or Officeholder
	Please com	plete either option below	N :
(1) Affidavit	Elisha Magar Notary ID # 12931201-9 My Commission Expires September 03, 2024		
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by William P.	this the	15 day of July,
20 24, to certify Elister Aminister	which, witness my hand and seal of office.	fficer administering oath	Title of officer administering oath
		OR OR	tere and a second second and the second s
(2) Unsworn Declarati	on		
My name is		, and my date of birth i	6
My address is			,,
Executed in	(street)County, State of		(state) (zip code) (country) , 20 h) (year)
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	am A. (Tony) Bennie	20 Filer ID (Ethics Cor	nmissi	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,413.28
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$	294.71
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	DS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ine	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	(Tony) Bennie			3 Filer ID (Ethics Commission Filers)
4 Date	 ⁵ Full name of contributor Jason Elk ⁶ Contributor address; 1487 Fleming R 	City;		7 Amount of contribution (\$) 104.10
Principal occu	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date)3/15/2024	Full name of contributor Frank A. Peinado Contributor address; 6700 Robinson Cany	City;	State; Zip Code	5,205.08
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	
04/22/2024		City;	State; Zip Code , TX 75414	104.10
	Contributor address;	City;	State; Zip Code	
	Contributor address; 1487 Fleming R	city; d., Bells	State; Zip Code , TX 75414	
	Contributor address; 1487 Fleming R pation / Job title (See Instructions)	city; d., Bells	State; Zip Code , TX 75414 Employer (See Instru	uctions)
Principal occu Date	Contributor address; 1487 Fleming R pation / Job title (See Instructions) Full name of contributor	City; d., Bells out-of-state PA	State; Zip Code , TX 75414 Employer (See Instruction C (ID#:	Amount of contribution (\$)
Principal occu Date	Contributor address; 1487 Fleming R apation / Job title (See Instructions) Full name of contributor Contributor address; apation / Job title (See Instructions)	City; d., Bells out-of-state PA City; IONAL COPIES	State; Zip Code , TX 75414 Employer (See Instru- C (ID#:	Amount of contribution (\$)

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/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling I y Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense /Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
⁴ Date 09/13/2023	5 Payee name Harland Clarke		1
5 Amount (\$) 36.43	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Cost for check	s for campaign account.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Grayson County S	Office held Sheriff N/A
Date	Payee name		
01/17/2024	WinRed		
Amount (\$)	Payee address;	City;	State; Zip Code
4.10	1776 Wilson Blvd., Suite 530	Arlington,	, VA 22209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees for fund	raising platform.
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	William A. (Tony) Bennie	Grayson County	Sheriff N/A
Date	Payee name		
03/05/2024	WinRed		
Amount (\$) 205.08	Payee address; 1776 Wilson Blvd.,	city; Arlingtori	State; Zip Code , VA 22209
an a na an	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Fees for fundraising platform.	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Grayson County S	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED