CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

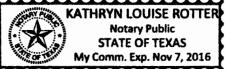
The C/OH Instruction Guil	E explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 8		
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER	Mr. Benny Glen				
NAME	l		Date Received		
	NICKNAME LAST	SUFFIX	•		
•	Glen Whitley		l m		
			BY 1.		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	TARR DIS JAI		
OFFICEHOLDER					
MAILING					
ADDRESS			Date Hand-delivered or Date Restmarked		
		4			
Change of Address			\(\mathcal{D} \mathcal{D} \rightarrow \mathcal{B} \)		
<u> </u>			TH 3 00		
			Receipt # Amount		
		t to the second			
5 CAMPAIGN	MS/MRS/MR FIRST	M!	Date Processed CO		
TREASURER NAME	Victor		Date Imaged		
INAIVIE			Date imaged		
	NICKNAME LAST	SUFFIX			
	Vandergriff				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE		
TREASURER		,, <u>.</u> ,			
ADDRESS					
(Residence or business)					
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER					
PHONE					
8 REPORT TYPE			-		
	X January 15 30th day before elect	tion Runoff	15th day after campaign treasurer		
·			appointment (officeholder only)		
	July 15 Sth day before election	on Exceeded \$500 limit	Final monet (Attach C/OU FR)		
	July 15 Bth day before election	Exceeded \$500 lilling	Final report (Attach C/OH - FR)		
9 PERIOD	Month Day Year	Month Day	Year		
COVERED	nona Day Itali	Month Day	। उद्या		
	THRO				
	07/01/2014	12/31/201	14		
		· · · · · · · · · · · · · · · · · · ·			
10 ELECTION	ELECTION DATE ELECTION TY	PE			
	Month Day Year Priman		0		
	Month Day Year Primar	y Runoff	General Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)			
	County Judge	County Judge			
	County oddgo	County Judge			
	GO TO	PAGE 2			
<u> </u>					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

13 C/OH NAME White	ey, Benny Glen (Mr	.)	14 ACCOUNT # 00000001	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca nout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		, , , , , , , , , , , , , , , , , , ,
16 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			3.76
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	11,003.76
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	11,624.96
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	74,977.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			0.00
17 AFFIDAVIT	KATHRYN LOUISE Notary Pub		all information requi	



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said 💆 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 1/1 Report: 3/8	
2	FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#Bass, Edward	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/2014	6 Contributor address; City; State; Zip Code 201 Main St., Ste. 2700 Fort Worth, TX 76102		\$5,000.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Good Government Fund	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 201 Main St., Ste. 2500 Fort Worth, TX 76102		\$2,500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/23/2014	Contributor address; City; State; Zip Code 8201 N Stemmons Fwy Dallas, TX 75247		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/18/2014	Contributor address; City; State; Zip Code 201 Main St., Ste. 2500 Fort Worth, TX 76102		\$2,500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Re The Instruction Guide explains how		er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/4 Re	1 NATIONAL DOMESTIC (NATIO		00000001
4 Date	5 Payee name		
09/24/2014	Andy Nguyen Campaign Fund		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$250.00	PO Box 151272 Arlington, TX 76015		
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Campaign Contribution	301 Texas, complete outleadile 1/
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/31/2014	Exchange Club		
Amount (\$)	Payee address City; State; Zip Code		/
\$465.00	4540 Overton Terrace Court Fort Worth, TX 76109		
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Dues	Dues	_
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/10/2014	Goodfellow Fund		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	400 W. 7th Street Fort Worth, TX 76102		
2000	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Contribution	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/31/2014	Hurst Masonic Lodge		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	725 Mary Dr. Hurst, TX 76053		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Dues	Description (If travel outside Dues	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

		The Instruction Guide explains ho	w to complete this form.	•
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/4 Re		Whitley, Benny Glen (Mr.)		00000001
4 Date 12/03/2014	5 Payee name Matt Krause	Campaign		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$250.00	8553 N. Bea Fort Worth,	nch St., PMB 180 TX 76244		
8 PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top of this schedule) s/Donations Made By tfficeholder/Political Committee	(b) Description (If travel outside Campaign Contribution	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date 07/25/2014	Payee name	acesetters Rotary Club		
Amount (\$)	Payee addres			
\$300.00	PO Box 210 Bedford, TX	421		
DUDDOOL		e Categories listed at the top of this schedule)	' '	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Du	ies	Dues	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
12/10/2014	Tarrant Cou	nty Republican Assembly		
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •		
\$20.00	8400 Trace Fort Worth,	Ridge Pkwy TX 76137		
		e Categories listed at the top of this schedule)	1 _ ' '	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Du	les	Dues	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
09/16/2014	Tarrant Cou	nty Republican Party		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$75.00	2405 Gravel Fort Worth,	Dr. TX 76118-6937		
PURPOSE OF	Category (Se Event Exper	e Categories listed at the top of this schedule)	Description (If travel outside County Leadership Lunch	e of Texas, complete Schedule T)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	fficeholder name	Office sought:	Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTUED (cortes bedder/Political Committee)

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/4 Re		0000001
4 Date	5 Payee name	
12/10/2014	Tarrant County Republican Party	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,000.00		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Lincoln Council Dues	(b) Description (If travel outside of Texas, complete Schedule T) Lincoln Council Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
09/12/2014	Texans For Kelly Hancock	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	PO Box 821349 North Richland Hills, TX 76182	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
08/12/2014	Thursday Breakfast Club	
Amount (\$)	Payee address City; State; Zip Code	
\$19.89	777 Taylor St. Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Breakfast Club Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/05/2014	US Postal Service	
Amount (\$)	Payee address City; State; Zip Code	
\$686.00	Fort Worth, TX 76102-9997	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) Postage for Holiday Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE# Schedule: 4/4 Report: 7/8		2 FILER NAME Whitley, Benny Glen (Mr.)		3 ACCOUNT # (TEC filers) 00000001
		, , , , , , , , , , , , , , , , , , , ,		00000001
4 Date 09/22/2014	5 Payee name USS Fort W	orth Anchor Club		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$1,000.00	PO Box 246			
\$1,000.00	Fort Worth,	TX 76101		
	·			
8	(a) Category (Se	e Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	OTHER - Du	•	Dues	
OF EXPENDITURE			İ	Ì
EXPENDITORL				
9 Complete ONLY if	Candidate / O	Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
to benefit C/On			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	Payee name			
07/27/2014	Whitley, Gle			
Amount (\$)	Payee addres	ss City; State; Zip Code		
\$4,000.00	345 Charles			ļ
	Hurst, TX 7	6054		
DUDDOOF	• • •	e Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Loan Repay	ment/Reimbursement	Reimbursement of Exper	ses paid Personally
EXPENDITURE				
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				1
Date	Payee name			
12/22/2014	Zap Copy C	enter		
Amount (\$)	Payee address			
	809 Taylor S			· 1
\$948.27	Fort Worth,			
	, , , , , , , , , , , , , , , , , , , ,			
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Printing Exp	- · · · · · · · · · · · · · · · · · · ·	Holiday Cards	o o reman, complete concedure 17
OF	· mang zxp	31133	1.0	
EXPENDITURE			İ	
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure				
to benefit C/OH				
				,

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 663	Filliang	The Instruction Guide explains he		er a category not listed above)
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re	eport: 8/8	Whitley, Benny Glen (Mr.)		0000001
4 Date	5 Payee name			
12/31/2014	The Fort Wo			
6 Amount (\$)	7 Payee address			
\$96.00	306 West Se Fort Worth,	venth St. TX 76102		
Reimbursement from political contributions intended	i ore woran,	17.70102		
8		Categories listed at the top of this schedule)	(b) Description (If travel outside	le of Texas, complete Schedule T)
PURPOSE OF	Food/Bevera		Exchange Club Lunches	July 9th & 23rd, Aug 6th,
EXPENDITURE			Sep 17th & 24th, & Nov	5th \$16/each
Date	Payee name			
12/31/2014	The Fort Wo			
Amount (\$)	Payee address			
\$1,164.80	306 West Se Fort Worth,	venin St. TX 76102		
Reimbursement from political contributions intended				
		Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Du	es	Jul 188.36, Aug 188.36,	Sep 197.02, Oct 197.02,
EXPENDITURE			Nov 197.02, Dec 197.02	
			1	