CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 PAGE #								
		1 '	0000001	1 of 13				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Benny		MI	OFFICE USE O	NLY			
NAME	ivii. Denny	Gleif		Date Received				
	NICKNAME LAST		SUFFIX					
	Glen Whitle	y						
			- TI TE - TID CODE	- SY EE	23			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE	> ≘				
MAILING ADDRESS				3 5 5	- con-			
				Date Hand-delivered or Da	ALC: NAME OF THE PERSON NAME OF			
Change of Address				111				
					2 EJ			
				Receipt # Am	ount S			
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Victor		MI	Date Processed				
NAME	NICKNAME LAST		SUFFIX	Date Imaged	<u>~ 3 </u>			
	NICKNAME LAST Vande	ergriff	SUFFIX					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	; APT/SUITE#;	CITY; STATE;	ZIP CODE				
TREASURER	(,,	,					
ADDRESS (Residence or business)								
(Nosiderico di Busillesa)								
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMB	ER	EXTENSION					
PHONE	-							
8 REPORT TYPE	X January 15 30th o	lay before election	Runoff	15th day after campai appointment (officehol	gn treasurer der only)			
	July 15 8th da	y before election	Exceeded \$500 limit	Final report (Attach C/	OH - FR)			
9 PERIOD	Month Day Year	THROUGH	Month De	y Year				
COVERED	07/01/2013	mkoosn	12/31/2	2013				
10 ELECTION	ELECTION DATE	ELECTION TYPE						
IV ELECTION	Month Day Year			m				
		X Primary	Runoff	General	Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if kno	wn)				
	County Judge Comm Court		County Judge Co	nm Court				
13 NOTICE								
OF DIRECT CAMPAIGN	OF DIRECT • Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures.							
EXPENDITURE	Name							
BY OTHER INDIVIDUALS	140110							
	Address (FO Paris	a State 7:- C-1						
	Address/PO Box; Apt. / Suite #; City	y; State; Zip Code	,					
additional pages								
			= 0					
		GO TO PAG	E 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

14 C/OH NAME White	ley, Benny Glen (M	r.)	15 ACCOUNT # (00000001	Ethics Commission filers)
16 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the canout the candidate's or officeholder's knowledge or consent. Candidate's preceive notice of such expenditures	andidate / officeholder. Ti	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	84.	TO HAVE
Zudiaonai pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		3
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	3.79-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,010.79
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	7,901.65
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	80,717.36
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
18 AFFIDAVIT	KATHRYN LOUIS Notary Pul STATE OF TI My Comm. Exp. N	olic EXAS ov 7, 2016	all information require	ed to be reported by
Sworn to and subscri	1	the said BGLEN WHITLEY	, this the	13T4 day

_								
	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 1/6	6 Report: 3/13		
2	FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor Augustus, Joseph	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	11/12/2013	6 Contributor address; 3761 Red Oak Ct. New Orleans, LA 70131	City; State; Zip Code		\$200.00	TAPRASI 2014 JAN 2014 JAN		
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	THE PART OF		
	Date	Full name of contributor Bass, Edward	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/01/2013	Contributor address; 201 Main St., Ste. 2700 Fort Worth, TX 76102	City; State; Zip Code		\$5,000.00			
					(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	, , ,		
	, , , , , , , , , , , , , , , , , , , ,	()	,					
	Date	Full name of contributor Baumer, Joane	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/12/2013	Contributor address; 910 Houston St. #701 Fort Worth, TX 76102-6224	City; State; Zip Code		\$300.00			
		1011101011, 1770102-0224			1	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)			
	Date	Full name of contributor Carter, Tim	out-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/12/2013	Contributor address; 3408 Rustwood Ct. Fort Worth, TX 76109-2440	City; State; Zip Code		\$100.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	15)	Employer (See In	structions)			
	Date	Full name of contributor Doke, Timothy	Out-of-state PAC (ID#	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	11/12/2013	Contributor address; 500 Throckmorton #1804 Fort Worth, TX 76102	City; State; Zip Code		\$100.00	 		
					(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		
		, , , , , , , , , , , , , , , , , , , ,		- 1 - 1 - 1 - 1	·,			

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 2/6	6 Report: 4/13
2	FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/12/2013	6 Contributor address; City; State; Zip Code 2902 Riverhollow Ct. Fort Worth, TX 76116-0802		\$500.00	TART 2014 J
				(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	*)	Amount of contribution (\$)	In-kind contribution description (if applicable) Expenditures for
	11/12/2013	Contributor address; City; State; Zip Code 2902 Riverhollow Ct. Fort Worth, TX 76116-0802		\$707.00	l location, food and drink for fund raising reception.
				(If travel outside of	Texas, complete Schedule T)
┢	Principal occup	vation / Job title (See Instructions)	Employer (See In	L	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/12/2013	Contributor address; City; State; Zip Code 1120 Manor Way Roanoke, TX 76262		\$250.00	
				(if travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In		
		, ,	, , ,	•	
	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
		Fowler, Josephine		contribution (\$)	description (if applicable)
	11/12/2013	Contributor address; City; State; Zip Code 300 Owl Creek Dr. Apt. 12205 Arlington, TX 76018-5640	•••••	\$100.00	
				(if travel outside of	Texas, complete Schedule T)
┝	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> Li</u>	10.000, 00.11p.010 00.100 17
	Date	Full name of contributor	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2013	Contributor address; City; State; Zip Code 201 Main St., Ste. 2500 Fort Worth, TX 76102		\$1,500.00	
				(M troval autolds = 4	Toyan complete Schoolule Ti
-	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	тиора осоц	Machin ood and (ood manadonolis)	Employer (Oce III	ou doublio)	

SCHEDULE A

(512)463-5800

	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 3/6	Report: 5/13			
2	FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Labbe, Jill R	<u> </u>	7 Amount of contribution (\$)	8 In kind contribution description (if applicable)			
	11/12/2013	6 Contributor address; City; State; Zip Code 9536 County Rd. 603 Burleson, TX 76028		\$100.00	N N ANT CO			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	a: I, 6			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/26/2013	Contributor address; City; State; Zip Code Burnett Plaza Suite 1500 801 Cherry St. Unit#9		\$5,000.00] 			
		Fort Worth, TX 76012-6881		(If travel outside of	Texas, complete Schedule T)			
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete octreues 1/ L1			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code 2692 Riverwood Tr Fort Worth, TX 76109		\$100.00	 			
		Total day, Marchael						
_	Dringing and	pation / Job title (See Instructions)	Employer (See In	<u> Li</u>	Texas, complete Schedule T)			
	Principal occup	auon 7 Job tide (See instructions)	Employer (See in	istractions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code 112 Crest Canyon Dr. Fort Worth, TX 76108-9640		\$100.00	 -			
				(If transcal autolde of	Texas, complete Schedule T)			
H	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)			
L	,							
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code 4420 Paula Ridge Ct. Fort Worth, TX 76137-3892		\$200.00	! ! !			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	3			

	The Instruction	א Guide explains how to complete this form.		1 PAGE # Schedule: 4/6	6 Report: 6/13			
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: Petty, Trent	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	11/12/2013	6 Contributor address; City; State; Zip Code 1021 Simmons Dr.		\$100.00	 			
		Keller, TX 76248		1	Texas, complete Schedule T			
-	Principal occur	etion / Job title (See Instructions)	10 Employer (See In	structions)	34 5 2			
	, , , , , , , , , , , , , , , , , , ,		To Employer (coo in					
	Date	Full name of contributor out-of-state PAC (IDa Pipes, Kasey	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code 3700 Country Club Circle Fort Worth, TX 76109		\$100.00	3: 46 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
				(If travel outside of	Texas, complete Schedule T)			
<u> </u>	Dringing agour	pation / Job title (See Instructions)	Employer (See In	l '	Texas, complete schedule 1)			
	Principal occup	ation / Job title (See instructions)	Employer (See III	su uctions)				
	Date	Full name of contributor ut-of-state PAC (IDE Powell, Charles	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code PO Box 444 Hurst, TX 76053-0444	• • • • • • • • • • • • • • • • • • • •	\$100.00	 			
		Turst, 17 70035-0444		(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)			
	11/12/2013	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	1 			
		232 Pin Oak Dr. Mabank, TX 75156-7160			l			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	09/12/2013	Contributor address; City; State; Zip Code 201 Main St., Ste. 2500 Fort Worth, TX 76102		\$1,500.00	 			
_				1	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				

<u></u>								
	The Instruction	พ Guide explains how to complete this form.		1 PAGE # Schedule: 5/6	Report: 7/13			
2	FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor out-of-state PAC (ID# Reynolds, Ernest III (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	12/31/2013	6 Contributor address; City; State; Zip Code 314 Main St, Ste 202 Fort Worth, TX 76102		\$100.00	TARRA ZON JAN			
				(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# Rule, Scott)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code PO Box 1566 Weatherford, TX 76086		\$100.00);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
				(if travel outside of	Texas, complete Schedule T)			
├	Principal occup	ation / Job title (See Instructions)	Employer (See In	1.				
	· · · · · · · · · · · · · · · · · · ·							
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code 9700 Birdville Way Fort Worth, TX 76244-6298		\$100.00				
		FOIL WORDS, 1A 70244-0250		(if travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)				
	Date	Full name of contributor ut-of-state PAC (ID# Sumpter, Nichell)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/12/2013	Contributor address; City; State; Zip Code 4305 Old Grove Dr. Mansfield, TX 76063		\$200.00				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See in	1.				
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	11/11/2013	Contributor address; City; State; Zip Code 4325 Ridglea Cnty Club Dr. Fort Worth, TX 76126		\$250.00				
				(If travel outside of	Texas, complete Schedule T)			
-	Principal occur	ation / Job title (See Instructions)	Employer (See In		,,,,,,			

	The INSTRUCTION	אכ Guide explains how to complete this form.		1 PAGE # Schedule: 6/6	6 Re	port: 8/13		
2	FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT# 00000001		ics Commis	sion filer	'S)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Williams, Michael			18	In-kind co description (ontributio (if applica	n able)
	11/12/2013	6 Contributor address; City; State; Zip Code 3737 Hamilton Ave Fort Worth, TX 76107		\$100.00				
				(If travel outside of	Texas	s, complete S	ichedule	T) 🔲
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	BY:	FLECT	2	3
					1	TONS	7	<u> </u>
						D-10		
						ADMINISTRATOR		
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					And September 18	3 0	61	
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	CAL EXPENDITURES	0711-2010	(312)400	SCHEDULE F
The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 1/4	Report: 9/13
2 FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date 12/10/2013	5 Payee name Awesome Blossums 6 Payee address; City; State; Zip Code 8100 Camp Bowie Blvd. Fort Worth, TX 76116			7 Amount (\$) \$109.43
Purpose of pay required.) Flowers	ment (See instructions regarding type of information	9 ** Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		7/A R 2014 ELECT
Date 12/18/2013	Payee name Goodfellow Fund Payee address; City; State; Zip Code 400 W. 7th Street Fort Worth, TX 76102			\$1,000.007
Purpose of payment (See instructions regarding type of information required.) Contribution "Complete if direct expenditure to bene Candidate / Officeholder name:			t Candidate/Officeholder **	
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date 07/01/2013	Payee name Hurst Masonic Lodge Payee address; City; State; Zip Code 725 Mary Dr. Hurst, TX 76053			Amount (\$) \$100.00
required.) Dues	ment (See instructions regarding type of information	Candidate / Officehol Office sought:		fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office held:		
Date 08/13/2013	Payee name Jonathan Stickland Campaign Payee address; City; State; Zip Code 621 Monette Dr. Bedford, TX 76022			Amount (\$) \$250.00
Purpose of pay required.) Contribution	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

P.O.Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 2/4 Report: 10/13 (Ethics Commission filers) 2 FILER NAME Whitley, Benny Glen (Mr.) ACCOUNT # 00000001 Date Payee name **Amount** (\$) Mid-Cities Pacesetters Rotary Club 11/15/2013 \$963.42 6 Payee address; City; State; Zip Code PO Box 210421 Bedford, TX 76095 9 " Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information CTIONS Candidate / Officeholder name: **Dues & Sponsorships** Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Republican Forum (1) \$30.00 09/05/2013 Payee address; City; State; Zip Code 306 West 7th Street Fort Worth, TX 76102 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Luncheon Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Date Payee name (\$) **Tarrant County Republican Party** \$250.00 09/18/2013 Payee address; City; State; Zip Code 2405 Gravel Dr. Fort Worth, TX 76118-6937 Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Contribution Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Amount Payee name (\$) Tarrant County Republican Party 11/11/2013 \$1,250.00 City; State; Zip Code Payee address; 2405 Gravel Dr.

required.)

Fort Worth, TX 76118-6937

Purpose of payment (See instructions regarding type of information

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	ЭН GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/4	Report: 11/13
2 FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Texans For Kelly Hancock			7 Amount (\$)
09/05/2013	6 Payee address; City; State; Zip Code PO Box 821349	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	\$500.00
	North Richland Hills, TX 76182			TAR 2014.) ELECT BY:
8 Purpose of pay required.) Contribution	ment (See instructions regarding type of information	9 * Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/OfficeHolder
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		n PH
Date	Payee name			Amount?
	Treasure Coast Hospice			,
12/18/2013	Payee address; City; State; Zip Code			\$20.00
,	5090 NW Dunn Rd. Fort Pierce, FL 34981			
Purpose of pay required.)	yment (See instructions regarding type of information	" Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
Contribution				
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name US Postal Service			Amount (\$)
44/00/0040	US FOSIAI SEIVICE			, ,
11/08/2013	Payee address; City; State; Zip Code			\$124.20
	Fort Worth, TX 76102-9997			
Purpose of pay required.)	yment (See instructions regarding type of information	" Complete if direct Candidate / Officehol		fit Candidate/Officeholder ""
Postage				
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name			Amount
	US Postal Service		,	(\$)
12/16/2013	Payee address; City; State; Zip Code			\$552.00
	Fort Worth, TX 76102-9997			
Purpose of pay	yment (See instructions regarding type of information	" Complete if direct Candidate / Officehol		fit Candidate/Officeholder **
Postage				
(1	f travel outside of Texas, complete Schedule T)	Office sought:		

POLITI	CAL EXPENDITURES	0/11/2010	(312)40.	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4	Report: 12/13
2 FILER NAME	Whitley, Benny Glen (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name US Postal Service			7 Amount (\$)
12/19/2013	6 Payee address; City; State; Zip Code			\$441.60
	Fort Worth, TX 76102-9997			
required.)	ment (See instructions regarding type of information	9 ** Complete if direc Candidate / Officehol	t expenditure to bene lder name:	fit Candidate/Officeholder **
Postage (H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name USS Fort Worth Anchor Club			Amount (\$)
09/26/2013	Payee address; City; State; Zip Code PO Box 246 Fort Worth, TX 76101			FILE OF THE STEP AND THE STEP A
Purpose of pay required.)	yment (See instructions regarding type of information	" Complete if direct Candidate / Officehol	t expenditure to bene lder name:	fit Candidate/Officeholder ३ 🗂
Dues (H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		3: 1,6
Date	Payee name Wetzel Children Education Fund			Amount (\$)
12/10/2013	Payee address; City; State; Zip Code Wells Fargo Bank 5503 W. Northern Ave. Glendale, AZ 85301			\$100.00
Purpose of pay required.) Contributions	yment (See instructions regarding type of information	" Complete if direc Candidate / Officehol		fit Candidate/Officeholder
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 1/1			Report: 13/13		
2	FILER NAME	ME Whitley, Benny Glen (Mr.) 3 ACCOUNT # (00000001			(Ethics	Commission filers)
4	Date	Payee name The Fort Worth Club			8	Amount (\$)
	1/30/2013 6 Payee address; City; State; Zip Code 306 West Seventh St. Fort Worth, TX 76102				\$96.00	
		7 Purpose of expenditure (See instructions regarding type of information required.) Exchange Club Lunches \$16 ea. (Jul 10, 24 & 31, Sep 18 & 25 & Nov 27th.) Total \$96. (If travel outside of Texas, complete Schedule T)				Reimbursement from political contributions intended
	Date	Payee name The Fort Worth Club				Amount (\$)
	12/31/2013	Payee address; City; State; Zip Code 306 West Seventh St. Fort Worth, TX 76102				\$1,115.00
		Purpose of expenditure (See instructions regarding type of information requipmes Jul 180.78, Aug 180.78, Sep 188.36, Oct 188.36, Nov 188.36 188.36 total of 1115.00 (If travel outside of Texas, complete Schedule T)			X	Reimbursement from political contributions intended

2014 JAN 14 PH 3: 46 TARRANTO

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