

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 (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Dilmetria</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Benson</div>	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> Date Received <div style="text-align: center; font-size: 1.5em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2019 JUL 15 PM 2:09</div> Date Hand-delivered or Date Postmarked Receipt Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7324 Gaston Ave Ste 124 PMB 398 Dallas Tx 75214		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 320-4853		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Jessica</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Stettler-Prager</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7144 Carousel Cir Dallas Tx 75214		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 912-1879		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 19 THROUGH 6 / 30 / 19		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 6 / 18 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Judge Dallas County Court at Law #1	13 OFFICE SOUGHT (if known) Judge Dallas County Court at Law #1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 42,150.

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 990.71

4. TOTAL POLITICAL EXPENDITURES

\$ 16,697.10

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

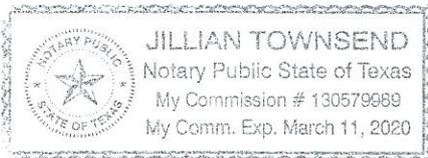
\$ 56,422.50

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dimetra Benson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dimetra Benson, this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

Jillian Townsend
Signature of officer administering oath

Jillian Townsend
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 42,150
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,706.39
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Melua Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

5 Full name of contributor

Al Ellis

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

3811 Turtle Creek Blvd #1400 Dallas TX 75219

City; State; Zip Code

8 Contributor's principal occupation

a Horsey

9 Contributor's job title

10 Contributor's employer/law firm

Sonnenman, McGaffney

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/26/19

Full name of contributor

Faith W Bruner

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

4225 Greenville Ave #200 Dallas TX 75206

City; State; Zip Code

Contributor's principal occupation

a Horsey

Contributor's job title

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/26/19

Full name of contributor

Gerald Livingston

out-of-state PAC ID#: _____

Amount of contribution (\$)

250⁰⁰

Contributor address;

6440 N. Central Expwy #405 Dallas TX 75206

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID# (Ethics Commission Filers)

4 Date

2/20/19

5 Full name of contributor

W. Gary Fowler

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

250

6 Contributor address;

2323 Ross Ave #600 Dallas TX 75201

City; State; Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Jackson Walker

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/26/19

Full name of contributor

Mark W Gilbert

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$1,000

Contributor address;

12001 N Central Expressway #650 Dallas TX 75243

City; State; Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Gilbert Mediation

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/26/19

Full name of contributor

Mike Metcalf

out-of-state PAC ID#: _____

Amount of contribution (\$)

250⁰⁰

Contributor address;

10006 N Central Expressway #400 Dallas TX 75231

City; State; Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

self

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Melua Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/19

5 Full name of contributor

out-of-state PAC ID#: _____

J. Johnston Tobee Baruch

7 Amount of contribution (\$)

500

6 Contributor address;

City; State; Zip Code

P.O. Box 215 Addison TX 75001

8 Contributor's principal occupation

@ Homeop

9 Contributor's job title

10 Contributor's employer/law firm

Avam

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#: _____

C. Gregory Shamoun

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

1800 Valley View Ln #200 Farmers Branch TX 75234

Contributor's principal occupation

@ Homey

Contributor's job title

Contributor's employer/law firm

Shamoun Norman

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#: _____

Murray L Bristol

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

10440 N. Central Expressway #800 Dallas TX 75231

Contributor's principal occupation

@ Homey

Contributor's job title

Contributor's employer/law firm

Bristol + Deibel

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/19

5 Full name of contributor out-of-state PAC ID#:

Godwin Bowman

7 Amount of contribution (\$)

5,000

6 Contributor address;

City; State; Zip Code

1201 Ernst St 1700 Dallas TX 75270

8 Contributor's principal occupation

a Attorney

9 Contributor's job title

10 Contributor's employer/law firm

firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/6/19

Full name of contributor out-of-state PAC ID#:

Don Godwin

Amount of contribution (\$)

2,500

Contributor address;

City; State; Zip Code

Contributor's principal occupation

a Attorney

Contributor's job title

Contributor's employer/law firm

Godwin Bowman

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor out-of-state PAC ID#:

Lennie Bollinger

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

Contributor's principal occupation

a Attorney

Contributor's job title

Contributor's employer/law firm

wormington legal

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

5 Full name of contributor out-of-state PAC ID#:

Mahrosh Nawaz

7 Amount of contribution (\$)

\$ 500

6 Contributor address; City; State; Zip Code

15060 E Beltwood Place So A TX 75201

8 Contributor's principal occupation

a Attorney

9 Contributor's job title

10 Contributor's employer/law firm

self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/26/19

Full name of contributor out-of-state PAC ID#:

Pamela St. John

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

1672 Glenview Dr Dallas TX 75218

Contributor's principal occupation

a Attorney

Contributor's job title

Contributor's employer/law firm

AT&T

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/26/19

Full name of contributor out-of-state PAC ID#:

Brian Rawson / Hartline Dacus

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

8750 N. Central Expwy #1600 Dallas TX 75231

Contributor's principal occupation

a Attorney

Contributor's job title

Contributor's employer/law firm

Hartline, Dacus

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

5 Full name of contributor out-of-state PAC ID#: _____

William D + Diane Wiles

7 Amount of contribution (\$)

\$ 200

6 Contributor address; City; State; Zip Code

1301 Winding Brook Dr Garland TX 75044

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Hershe Hayward

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor out-of-state PAC ID#: _____

Tom Barron

Amount of contribution (\$)

\$ 200

Contributor address; City; State; Zip Code

6828 Casa Loma Dallas TX 75214

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor out-of-state PAC ID#: _____

Houston Smith

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

210 E Moore, Terrell TX 75760

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

self

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/19

5 Full name of contributor

Anne Ashby

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

500

6 Contributor address:

12016 Tavel Circle Dallas TX 75230

City: State: Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/5/19

Full name of contributor

Jeff Tillotson

out-of-state PAC ID#: _____

Amount of contribution (\$)

3,500

Contributor address:

1907 Ross Ave # 325 Dallas TX 75201

City: State: Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

3/5/19

Full name of contributor

Kenneth Rubenstein

out-of-state PAC ID#: _____

Amount of contribution (\$)

1,000

Contributor address:

4514 Cole Avenue, #1450 Dallas 75205

City: State: Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Endem Mediators

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Melua Benson

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/19

5 Full name of contributor

out-of-state PAC ID#: _____

Jay Zeleskey

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

8117 Prostrm Rd #300 Dallas TX 75225

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

self mediator

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

3/1/19

Full name of contributor

out-of-state PAC ID#: _____

Claudia Caro

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

1515 Maen St Dallas TX 75201

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

legal aid

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#: _____

Paul Wingo

Amount of contribution (\$)

1,000

Contributor address;

City; State; Zip Code

325 N. St. Paul #3300 Dallas TX 75201

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Hamilton, Wingo

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D. Melua Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/19

5 Full name of contributor

out-of-state PAC ID#: _____

Brian Sanford

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address;

City: State: Zip Code

1910 Pacific Ave Dallas TX 75201

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Sanford BeThune

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#: _____

Rae Van Wees

Amount of contribution (\$)

250⁰⁰

Contributor address;

City: State: Zip Code

12720 Adreast Rd #600 Dallas TX 75230

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#: _____

Michael Mitchell

Amount of contribution (\$)

250⁰⁰

Contributor address;

City: State: Zip Code

10440 N Central Expwy #1100 Dallas TX 75237

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Mitchell Goff

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D' Metria Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/19

5 Full name of contributor

out-of-state PAC ID#: _____

Taman Meeks

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

8333 Douglas Ave #1000 Dallas 75225

8 Contributor's principal occupation

a Honey

9 Contributor's job title

10 Contributor's employer/law firm

SELF

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/25/19

Full name of contributor

out-of-state PAC ID#: _____

Shelli Morrison

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

120 E Concho St Athens TX 7

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

SELF

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/25/19

Full name of contributor

out-of-state PAC ID#: _____

Roseanne Mills

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

6906 Casa Loma Dallas 75214

Contributor's principal occupation

a Honey

Contributor's job title

Contributor's employer/law firm

SELF

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D'Melua Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/19

5 Full name of contributor out-of-state PAC ID#: _____

Ben Taylor

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Ted Lyon

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/21/19

Full name of contributor out-of-state PAC ID#: _____

Charles Oliver

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

mediator self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor out-of-state PAC ID#: _____

Roger Herrera

Amount of contribution (\$)

1520⁰⁰

Contributor address; City; State; Zip Code

PO Box 4369 Dallas TX 75208

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

self

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D. Melissa Benson

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/19

5 Full name of contributor

out-of-state PAC ID#:

Cherry Peleson Lady Albert

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

Campbell Central North Tower #1520 Dallas TX 75201

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#:

Payma Kubnel & Smith

Amount of contribution (\$)

1,000

Contributor address;

City; State; Zip Code

1126 N Zang Blvd DT 75203

Contributor's principal occupation

attorney

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)

Date

2/27/19

Full name of contributor

out-of-state PAC ID#:

Law Offices Van Shaw

Amount of contribution (\$)

1,500

Contributor address;

City; State; Zip Code

2723 Fairmount Dallas TX 75201

Contributor's principal occupation

attorney

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

D. Metra Benson

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

5 Full name of contributor

out-of-state PAC ID#: _____

Domenago Garcia

7 Amount of contribution (\$)

2,500

6 Contributor address;

City; State; Zip Code

400 S. Zang #600 Dallas TX 75208

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/28/19

Full name of contributor

out-of-state PAC ID#: _____

Carmen Mitchell

Amount of contribution (\$)

5,000

Contributor address;

City; State; Zip Code

3865 W Bay Dr Dallas TX 75214

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Mitchell Goff

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

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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME *D. Melvin Benson*

3 Filer ID (Ethics Commission Filers)

4 Date
2/26/19

5 Full name of contributor / out-of-state PAC ID#: _____
Derrick Hahn

6 Contributor address; City; State; Zip Code
900 Jackson St #180 Dallas TX 75202

7 Amount of contribution (\$)
500

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm
Hahn Law Firm P

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
2/26/19

Full name of contributor / out-of-state PAC ID#: _____
Angel Reppst Assoc

Contributor address; City; State; Zip Code
8222 Douglas Ave #400 Dallas TX 75205

Amount of contribution (\$)
500.00

Contributor's principal occupation
FORM

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)

Date
2/26/19

Full name of contributor / out-of-state PAC ID#: _____
Scott Richard

Contributor address; City; State; Zip Code
8828 N Stemmons St #505 Dallas TX 75207

Amount of contribution (\$)
\$100

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D'Nequa Benson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/1/19-6/30/19</i>	5 Payee name <i>Paypal</i>
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6 Amount (\$) <i>\$13440</i>	7 Payee address; City; State; Zip Code <i>2211 N 1st St San Jose CA 95131</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/5/19</i>	Payee name <i>Paypal</i>
-----------------------	-----------------------------

Amount (\$) <i>101⁸⁰</i>	Payee address; City; State; Zip Code <i>2211 N 1st San Jose CA 95131</i>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/11/19</i>	Payee name <i>Dallas Bar Association</i>
------------------------	---

Amount (\$) <i>230⁰⁶</i>	Payee address; City; State; Zip Code <i>2101 Ross Ave Dallas TX 75201</i>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees bar dues</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D'Melicia Beam</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/21/19</i>	5 Payee name <i>Realty Echols Printing</i>	
6 Amount (\$) <i>1,487.00</i>	7 Payee address; City; State; Zip Code <i>1710 S. Harvard St Dallas TX 75215</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense invitations</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/18/19</i>	Payee name <i>Go-Diva Catering</i>	
Amount (\$) <i>420.00</i>	Payee address; City; State; Zip Code <i>1507 N Garretts Ave Dallas TX</i>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/28/19</i>	Payee name <i>Arts for Minority Youth</i>	
Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>PO Box 15234 Fort Worth TX 76119-0234</i>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expense entertainment</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME *D. Metria Benson* 3 Filer ID (Ethics Commission Filers)

4 Date *2/16/19* 5 Payee name *Order Desk*

6 Amount (\$) *936.48* 7 Payee address; City; State; Zip Code
9840 Monroe Dr #104 Dallas TX 75220

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Event Expense Postage* (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *3/1/19* Payee name *Times Ten Cellars*

Amount (\$) *674.34* Payee address; City; State; Zip Code
6324 Prospect Ave Dallas 75214

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Event Expense Food/Beer* Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *3/11/19* Payee name *Cost Plus*

Amount (\$) *314.96* Payee address; City; State; Zip Code
3888 Oak Lawn Ave Dallas 75219

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Office overhead / supplies* Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME D/1 Melva Benson	3 Filer ID (Ethics Commission Filers)
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4 Date 3/13/19	5 Payee name Costco
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6 Amount (\$) 156 ¹¹	7 Payee address; City; State; Zip Code 8055 Churchill way Dallas 75251
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/19	Payee name Cash
-----------------	--------------------

Amount (\$) 300	Payee address; City; State; Zip Code n/a
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District Santa Fe cash advance	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/19	Payee name American Airlines
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Amount (\$) 10740	Payee address; City; State; Zip Code 2400 Aviation Drive Irving TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D. Melissa Benson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25/19</i>	5 Payee name <i>R. C. Gormans</i>	
6 Amount (\$) <i>649.12</i>	7 Payee address; City; State; Zip Code <i>204 W San Francisco St Santa Fe NM 87501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Expense art in jury room</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3/25/19</i>	Payee name <i>Cash</i>	
Amount (\$) <i>202.95</i>	Payee address; City; State; Zip Code <i>n/a</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel expenses</i>	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3/26/19</i>	Payee name <i>Eldorado Hotel</i>	
Amount (\$) <i>457.49</i>	Payee address; City; State; Zip Code <i>309 W San Francisco St Santa Fe NM 87501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel - hotel expense</i>	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D'Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-25-19</i>	5 Payee name <i>National Am Women Judges</i>	
6 Amount (\$) <i>\$245.00 XX</i>	7 Payee address; City; State; Zip Code <i>300 Newport Ave. Williamsburg, Va 23185</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees/Inues</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>4-15-19</i>	Payee name <i>Michaels Craft Stores</i>
Amount (\$) <i>\$650.90 XX</i>	Payee address; City; State; Zip Code <i>5500 Greenville Ave Ste 700 Dallas, Tx 75206-2931</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead framing expense</i>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>4-15-19</i>	Payee name <i>Michaels Craft Stores</i>
Amount (\$) <i>\$470.86</i>	Payee address; City; State; Zip Code <i>5500 Greenville Ave Ste 700 Dallas Tx 75206-2931</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead framing expense</i>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D Melua Bensen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/20/19</i>	5 Payee name <i>Home Goods</i>	
6 Amount (\$) <i>17318</i>	7 Payee address; City; State; Zip Code <i>8188 Park Lane Dallas TX 75231</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <i>1-1-19 - 6-30-19</i>	Payee name <i>AUB</i>	
Amount (\$) <i>\$ 59 ⁴⁰/_{xx}</i>	Payee address; City; State; Zip Code <i>P.O. Box 40 Terrell, Tx 75168</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees - service charges</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <i>1-1-19 - 6-30-19</i>	Payee name <i>PayPal</i>	
Amount (\$) <i>\$ 134 ⁴⁰/_{xx}</i>	Payee address; City; State; Zip Code <i>2211 N. First St San Jose, Ca 95131</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D Metria Benson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/25/19</i>	5 Payee name <i>American Airlines</i>
--------------------------	--

6 Amount (\$) <i>3,072.73</i>	7 Payee address; City; State; Zip Code <i>2400 Aviation Drive Irving TX</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel out of District conference</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/25/19</i>	Payee name <i>Wayfair.com</i>
------------------------	----------------------------------

Amount (\$) <i>1406.3</i>	Payee address; City; State; Zip Code <i>2000 Lakeside Pluey Flower Mound TX 75028</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead req for office</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/11/19</i>	Payee name <i>SW Airlines</i>
------------------------	----------------------------------

Amount (\$) <i>269.96</i>	Payee address; City; State; Zip Code <i>2432 Wynman St Dallas TX 75235</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel out of District Judicial Conference San Antonio</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>D'Melua Benson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/6/19</i>	5 Payee name <i>American Airlines</i>
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6 Amount (\$) <i>2,147.61</i>	7 Payee address; City; State; Zip Code <i>2400 Aviation Drive Irving TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other International Women's conferece purchased frequent flyer miles for future travel</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/17/19</i>	Payee name <i>Home Goods</i>
------------------------	---------------------------------

Amount (\$) <i>487.08</i>	Payee address; City; State; Zip Code <i>8188 Park Lane Dallas TX 75231</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead chair/lamps</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/20/19</i>	Payee name <i>Conseguement Solution</i>
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Amount (\$) <i>632.18</i>	Payee address; City; State; Zip Code <i>1931 Sullman St Dallas 75206</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead sofa</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dilmetria Benson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-4-19</i>	5 Payee name <i>State Bar of Texas</i>	
6 Amount (\$) <i>\$ 270.00 x</i>	7 Payee address; City; State; Zip Code <i>1414 Colorado St. Austin Texas 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees / Bar dues</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6-2-19</i>	Payee name <i>Dallas Bar Foundation</i>	
Amount (\$) <i>\$ 150.00 x</i>	Payee address; City; State; Zip Code <i>2101 Ross Ave Dallas Tx 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations Bar None</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6-3-19</i>	Payee name <i>Parker's Rebs</i>	
Amount (\$) <i>\$ 129.85 x</i>	Payee address; City; State; Zip Code <i>3033 Mann St Dallas Tx 75226</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: _____

2 FILER NAME

D'Metria Benson

3 Filer ID (Ethics Commission Filers) _____

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

The National Judicial College

5 Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

6 Dates of travel

9/23/19
10/27/19

7 Name of person(s) traveling

D'Metria Benson

8 Departure city or name of departure location

Dallas

9 Destination city or name of destination location

Paris / Bordeaux

10 Means of transportation

airfare

11 Purpose of travel (including name of conference, seminar, or other event)

Conference - NJC Judicial Renaissance

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

The State Bar of Texas Medical Taxs Program

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel

3/20/19
3/24/19

Name of person(s) traveling

D'Metria Benson

Departure city or name of departure location

Dallas

Destination city or name of destination location

Santa Fe

Means of transportation

air

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

State Bar of Texas Medical Taxs Program

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel

3/21/19

Name of person(s) traveling

D'Metria Benson

Departure city or name of departure location

Dallas

Destination city or name of destination location

Santa Fe

Means of transportation

air

Purpose of travel (including name of conference, seminar, or other event)

Seminar

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

D'Melua Benson

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

State Bar of Texas Medial Talks

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

*3/20/19 -
3/24/19*

7 Name of person(s) traveling

D'Melua Benson

8 Departure city or name of departure location

Dallas

9 Destination city or name of destination location

Santa Fe

10 Means of transportation

Air

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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