FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080109 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Patricia Baca NAME Date Received **ELECTRONICALLY FILED** 01/13/2025 NICKNAME LAST **SUFFIX** Bennett CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 985 MAILING Receipt # Amount **ADDRESS** Change of Address Mansfield, TX 76063 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard E. NAME NICKNAME LAST **SUFFIX** Ric Bennett **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** PO Box 1346 **ADDRESS** (Residence or Business) Mansfield, TX 76063 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 793-7544 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

11 OFFICE

OFFICE HELD (if any)

Family District Court Judge District 360 Tarrant

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Bennett, Patricia Bac	a (The Honorable)	14 Filer ID 00080109	(Ethics Comm	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officeho consent. Candidates and officeholders are required to report this information only if they receive notice						
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00		
		ICAL CONTRIBUTIONS		\$	7,150.00		
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	IS)				
TOTALS				\$	0.00		
		ICAL EXPENDITURES		\$	8,942.17		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$	289.51		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	42,130.00		
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.					
		The Honora	ble Patricia Baca Be	ennett			
			f Candidate or Officeho				
AFFIX NO	ΓARY STAMP / SEAL AB	DVE					
Sworn to and subso	ribed before me, by the s	aid	, this the		_ day		
		ertify which, witness my hand and seal of office.					
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerir	ig oath		

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 25
	ER NAM	ME : Patricia Baca (The Honorable)	19 Filer ID 00080109	(Ethics	s Commission Filers)
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,150.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	7,581.49
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	648.44
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	712.24
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	300.00
				-	

	MONET	ARY POLITICAL C	ONTRIBUTIO)NS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how t	to complete this fo	orm.	1		es Schedule A(J)1 Rpt: 4/25	1:
2	FILER NAME Bennett, Pat	ricia Baca (The Honorable)			3	Filer ID 0008010	(Ethics Commissi 9	ion Filers)
4	Date 09/25/2024	Full name of contributor Dally and Webb Family Lav Contributor address; City; State)	7	Amount of	f Contribution (\$)	\$1,000.00
		Granbury, TX 76048						
8	Contributor's F	Principal Occupation		9 Contributor's Job Title				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if an	·y)					
	Date O9/21/2024 Full name of contributor Dewey, Kimberly Contributor address; City; State; Zip Code)		Amount of	f Contribution (\$)	\$500.00	
		Colleyville, TX 76034						
		Principal Occupation		Contributor's Job Title	_			
	Law Contributor's 6			Attorney	2116	- > (:f om/)		
		employer/law firm of Kimberly A. Dewey		Law firm of contributor's sp N/A)Uus	se (II aliy)		
		s a child, law firm of parent(s) (if an	<u>l</u> ıy)	L				
	N/A			N/A				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of	f Contribution (\$)	
09/16/2024 Fox, Jonathan Contributor address; City; State; Zip Code Lewisville, TX 75067						\$250.00		
		Principal Occupation		Contributor's Job Title				
_	Law Attorney				1 1 6	(:f am/)		
			Law firm of contributor's sp N/A)Ous	зе (IT ariy)			
If contributor is a child, law firm of parent(s) (if any)								
	N/A		,,	N/A				

	MONET	ARY POLITICAL C	CONTRIBUTIO)NS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	tal pages Schedule A(J)1 h: 2/3 Rpt: 5/25	L:
2	FILER NAME Bennett, Pat	tricia Baca (The Honorable)			1	er ID (Ethics Commissi 080109	on Filers)
4	Date 10/02/2024	5 Full name of contributorGardner, Smith & Vaugha6 Contributor address; City; St			7 Am	nount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76107		.			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if	any)	
12	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Am	nount of Contribution (\$)	
	09/08/2024 Lane, Mark Contributor address; City; State; Zip Code						\$500.00
	Contributor's	Fort Worth, TX 76107 Principal Occupation	-	Contributor's Job Title			
	Retired	, , , , , , , , , , , , , , , , , , ,		N/A			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if	f any)	
_	N/A			N/A			
		s a child, law firm of parent(s) (if a	any)				
	N/A			N/A			
	Date	Full name of contributor	out-of-state PAC (ID#:_		Am	nount of Contribution (\$)	
08/22/2024 Mahrouq, Sam Contributor address; City; State; Zip Code Arlington, TX 76006					\$1,500.00		
		Principal Occupation		Contributor's Job Title			
	Business Se			President			
			Law firm of contributor's sp	oouse (if	fany)		
MEI Group N/A				N/A			
	If contributor is N/A	s a child, law firm of parent(s) (if a	any)	N/A			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS			SCHEDULE	A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total page Sch: 3/3	es Schedule A(J) Rpt: 6/25)1:
2	FILER NAME Bennett, Pat	ricia Baca (The Honorable)			3		Ethics Commiss	sion Filers)
4	Date 10/02/2024	5 Full name of contributorMims Ballew Hollingswor6 Contributor address; City; S			7	Amount of	Contribution (\$)	\$2,000.00
•	Contributor's	Southlake, TX 76092 Principal Occupation		9 Contributor's Job Title				
°	Continuators	-ппсіраї Оссираціон		GOTHIDUIO S JOD TILE				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of	Contribution (\$)	
	10/09/2024	Rivera, Elizabeth Contributor address; City; S	tate; Zip Code					\$400.00
		Fort Worth, TX 76111						
_	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>			
	Law			Attorney				
		employer/law firm		Law firm of contributor's sp	oou	se (if any)		
		vera, Attorney		N/A				
	N/A	s a child, law firm of parent(s) (if	any)	N/A				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Openations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 7/25	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	10/07/2024	Bennett, Patricia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	PO Box 985
		Mansfield, TX 76063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan repayment.
		Eour repayment.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	10/15/2024	Bennett, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 985
		Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Loan repayment.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2024	Bennett, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	PO Box 985
		Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Loan repayment.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 2/10 Rpt: 8/25	Bennett, Pa	tricia Baca (The Ho	norable)				00080109		
4	Date	5 Payee name								
	08/26/2024	Capital One	N.A.							
6	Amount (\$) \$500.00	7 Payee addres		State; Zip Co	ode					
			ty, UT 84131							
8	PURPOSE OF		e Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Credit Card	Payment			_		de of Texas. Comp		
						Payment on o		officeholder living		
						rayment on t	SIE	uit caiu baia	nice.	
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Offid	ceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	09/12/2024	Capital One	N.A.							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$350.00	PO Box 312	90							
		Salt Lake C	ty, UT 84131							
	PURPOSE OF	(a) Category (Se	e Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Credit Card	Payment					de of Texas. Com		
						_		officeholder living		
						Payment on (CIE	uit Caru baid	ance.	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	ceholder name	Office sou	<u>l</u> ught			Office he	eld	
	Date	Payee name								
	09/27/2024	Capital One	N.A.							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$1,250.00	PO Box 312	90							
		Salt Lake C	ty, UT 84131							
	PURPOSE	(a) Category (Se	e Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	Payment					de of Texas. Comp		
						ш		officeholder living		
						Payment on o	cre	uit card balai	rice.	
\vdash	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/O		Jonati Hamo	31110C 30C	~9·11			Since He		
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 9/25	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	11/27/2024	Capital One N.A.
6	Amount (\$) \$231.04	7 Payee address; City; State; Zip Code PO Box 31290
		Salt Lake City, UT 84131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Payment on credit card balance.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2024	Comerica Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$305.40	P.O. Box 650282
	ψ303.40	1.0. 000 030202
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Thank you cards (\$225.36/Vistaprint); Red Bracelets -Cowtown Republican Women event (\$80.04
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Comerica Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.00	P.O. Box 650282
	4112.00	
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fort Worth Republican Women's Club Christmas event.
		event.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 10/25	L	Bennett, Patricia Baca (The Honorable)		00080109
4	Date	5	Payee name		
	07/24/2024	L	HP Inc.		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$8.65		10300 Energy Drive		
			Coving TV 77200		
_		Ļ	Spring, TX 77389	100	
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Subscription	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Subscription		Check if Austin, TX, officeholder living expense
					Monthly subscription fee for product services.
		L			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held
_	<u>-</u>	_			
	Date		Payee name		
	08/26/2024	┡	HP Inc.		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$8.65		10300 Energy Drive		
			O TV 77000		
		L	Spring, TX 77389	T	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Subscription		Check if Austin, TX, officeholder living expense
					Monthly subscription fee.
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	л —			
	Date		Payee name		
	09/23/2024	L	Metroplex Republican Women		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$125.00		5604 Edwards Dr.		
		L	Arlington, TX 76017		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Sponsorship fee for Golf Tournament.
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 11/25	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	12/07/2024	Metroplex Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	5604 Edwards Dr.
		Arlington, TX 76017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Club Christmas luncheon.
		Club Chilistinas lancheon.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	_	
	Date	Payee name
	07/01/2024	Mid Cities Women's Clinic
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.20	201 Westpark Way
		Euless, TX 76040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Anniversary event.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	08/01/2024	Porter Outdoor
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	2405 Embassy Ct.
		Arlington, TX 76013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Removal of billboard advertisement.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter a	category not listed above)
┡	T-4-1 O-1	· · · · · · · · · · · · · · · · · · ·	1_	Eiler ID	(Ethina Commission Filoso)
1	Total pages Schedule F1:		3		(Ethics Commission Filers)
L	Sch: 6/10 Rpt: 12/25	Bennett, Patricia Baca (The Honorable)		00080109	
4	Date	5 Payee name			
	08/22/2024	Raise The Money			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$81.74	P.O. Box 26466			
l		Little Rock, AR 72221			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	·	n, TX	(, officeholder living	g expense
		Processing f	ee.		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
Г	Date	Payee name			
	09/08/2024	Raise The Money			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$24.75	P.O. Box 26466			
		Little Rock, AR 72221			
⊢	PURPOSE	(a) a			
	OF	· · · · · · · · · · · · · · · · · · ·	outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000		(, officeholder living	
		Processing f	ee.		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
F	Date	Payee name			
	09/16/2024	Raise The Money			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.50	P.O. Box 26466			
l		Little Rock, AR 72221			
L	PURPOSE	(2) 0 :			
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	outs	side of Texas. Com	plete Schedule T.
l	EXPENDITURE	1 003		(, officeholder living	
		Processing f	ee.		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
H					
ı					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 13/25	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	09/21/2024	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.75	P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee.
		1 Toccssing ice.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨		
	Date	Payee name
	08/23/2024	Republican Women of Arlington
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4001 W. Park Row Dr.
		Arlington, TX 76013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Sponsorship fee for Host Table at club event.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
	Date	Payee name
	09/05/2024	Tarrant County GOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	7524 Mosier View Court
		Ste. 230
		Fort Worth, TX 76118
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fall fundraiser.
\vdash	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
\vdash	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		ages	/Contract Labor		OTHER (enter	a category not listed above)	
	ordan dara r aymoni			The Instruction G	uide explains h	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 8/10 Rpt: 14/25		Bennett, Pa	tricia Baca (The	e Honorable)					00080109		
4	Date	5	Payee name									
	12/14/2024		Tarrant Cou	nty Republican	Assembly							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$30.00		3220 Botani	c Gardens Blvc	l.							
			Fort Worth,	TX 76107								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse				=			nplete Schedule T.	
								_		officeholder livin	g expense	
								Post-election	1116	eurig iee.		
_	Opening the ONLY if allowed	L			0.5	· · · · · · · · · · · · · · · · · · ·				O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Of	ffice soug	ght			Office h	eld	
		_										
	Date		Payee name									
	10/01/2024		Todd Enterp	orises Self Stora	age							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$57.00		731 W. Deb	bie Lane								
			Mansfield, T	X 76063								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Storage					=			nplete Schedule T.	
	ZA ZIIDII GIAZ							—		officeholder livin		
								Monthly stora	ige	unit lee for	October.	
	Opening the ONLY if allowed	<u> </u>			0.5	···				Off: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		zandidate/Offic	ceholder name	Oi	ffice soug	JIIL			Office h	eid	
		_										
	Date		Payee name									
	11/09/2024		Todd Enterp	orises Self Stora	age							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$57.00		731 W. Deb	bie Lane								
			Mansfield, T	X 76063								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Storage					ш			nplete Schedule T.	
	LXI LINDITORL							_		officeholder livin		
								Monthly renta November.	ai te	e for camp	aign storage unit for	
_	Complete ONU V if allow	Ļ	Candidat - 10 m			u:	la +			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		zandidate/Offic	ceholder name	Of	ffice soug	ynt			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 15/25	Bennett, Patricia Baca (The Honorable) 00080109
4 Date	5 Payee name
12/04/2024	Todd Enterprises Self Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$57.00	731 W. Debbie Lane
	Mansfield, TX 76063
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Storage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly rental fee for campaign storage unit for
	December.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/16/2024	U.S. Post Master
Amount (\$)	Payee address; City; State; Zip Code
\$87.60	752 N. Main St.
	Mansfield, TX 76063
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Stamps.
	Stamps.
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/22/2024	Vista Print
Amount (\$)	Payee address; City; State; Zip Code
\$110.75	95 Hayden Avenue
	Lexington, MA 02421
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Coffee muses with logo
	Coffee mugs with logo.
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 16/25	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	08/26/2024	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$207.84	10 W. 18th St.
		7th Flr.
		New York, NY 10011
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Annual subscription fee for website.
		Auntau subscription lee for website.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/22/2024	Zoom Video Communications, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	55 Almaden Blvd.
		6th Flr.
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly fee for subscription to service.
		Monthly lee for subscription to service.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/20/2024	Zoom Video Communications, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$181.29	55 Almaden Blvd.
		6th Flr.
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual renewal fee.
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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 F4:	1 Total pages Schedule F4: 2 FILER NAME							
Sch: 1/3 Rpt: 17/25	Bennett, Patricia Ba	aca (The Honorable)		00080109				
4 CREDIT CARD ISSUER		ncial institution al One	5 TOTAL OF UNITEMIZED EXPENDITURES	\$				
			CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 11/27/2024	r Paid				
	\$158.04	11/25/2024	11/2//2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
	Vista Print		95 Hayden Avenue					
			Lexington, MA 02421					
8 PURPOSE OF	(a) Category	(II)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Printing Expense	of this schedule)	Christmas cards to contrib	outors.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$73.00	11/25/2024	11/27/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
	Walgreens		750 N. Walnut Creek Dr.					
			Mansfield, TX 76063					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Postage	of this schedule)	Stamps.					
X Political	Fusiage							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	(5) 2000/1980/1					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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 F4:	1 Total pages Schedule F4: 2 FILER NAME							
Sch: 2/3 Rpt: 18/25	Bennett, Patricia Ba	aca (The Honorable)	00080109					
4 CREDIT CARD ISSUER		ncial institution ica Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$225.36	11/18/2024	11/19/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, 2	Zip Code			
	Vista Print		95 Hayden Avenue					
			Lexington, MA 02421					
8 PURPOSE OF	(a) Category	of this calcadula)	(b) Description					
EXPENDITURE	(See Categories listed at the top Printing Expense	of this scriedule)	"Thank you" cards.					
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 11/19/2024	r Paid				
	\$38.94	11/12/2024	11/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, 2	Zip Code			
	(a) Fayee name		1516 Second Avenue	City, State, 2	zip Code			
	Amazon.com		1310 Sccolia / Wellac					
			Seattle, WA 98101					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Red bracelets for give away at Cowtown Republican Women's event.					
X Political	, tareraeg _xpeee		women's event.					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		I	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 11/19/2024	r Paid				
	\$41.10	11/12/2024	11/13/2024					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, 2	Zip Code			
			1516 Second Avenue					
	Amazon.com							
			Seattle, WA 98101					
PURPOSE OF	(a) Category	-f.db:bdr.d->	(b) Description					
EXPENDITURE 	(See Categories listed at the top Advertising Expense	of this schedule)	Red bracelets for give aw	ay at Cowtown Republica	n event.			
X Political								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C			rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense 'ransportation Equipment & Related Expense 'ravel in District 'ravel Out of District DTHER (enter a category not listed above)		
		now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 3/3 Rpt: 19/25	Bennett, Patricia Ba	aca (The Honorable))	00080109		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$112.00	11/27/2024	12/03/2024			
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
		Fort Worth Republi	can Women	PO Box 101613			
				Fort Worth, TX 76185			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description			
	X Political	Event Expense	or this scriedule)	Club Christmas event.			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held		
e	xpenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
-	Sch: 1/4 Rpt: 20/25	ı	Bennett, Patricia Baca (The Honorable)				00080109
4	Date	5	Payee name				
	11/12/2024	,	Amazon.com				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$38.94	:	1516 Second Avenue				
	Reimbursement from political contributions intended		Seattle, WA 98101				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	,	Advertising Expense			Cl	neck if Austin, TX, officeholder living expense
	LAPENDITORE				Red Bracelets for Women's event.	r gi	ve away at Cowtown Republican
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	11/12/2024	.	Amazon.com				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$41.10	:	1516 Second Avenue				
	Reimbursement from political contributions intended		Seattle, WA 98101				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	,	Advertising Expense			Cl	neck if Austin, TX, officeholder living expense
	LAI ENDITORE				Red bracelets for Women's event.	giv	ve away at Cowtown Republican
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	11/27/2024		Fort Worth Republican Women				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$112.00		PO Box 101613				
	Reimbursement from political contributions intended		Fort Worth, TX 76185				
_	PURPOSE	⊢	Category (See Categories listed at the top of this sche	dulo)	Description	1 C	neck if travel outside of Texas. Complete Schedule T.
	OF	ı	Event Expense	uule)	Description	=	neck if Austin, TX, officeholder living expense
	EXPENDITURE	[шист портования портования портования портования портования портования портования портования портования портов Портования портования портования портования портования портования портования портования портования портования		Club Christmas e	_	- ,
					2.00 2.1110011000		· · · ·
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		F (Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polli se Print	ling Expe			Travel in District Travel Out of Dist	quipment & Related Expense trict category not listed above)
	Credit Card Payment		,	The Instruction Guide ex	xplains how	to com	plete this form.			
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Et	thics Commission Filers)
	Sch: 2/4 Rpt: 21/25		Bennett, Pat	ricia Baca (The Hon	orable)				00080109	
4	Date	5	Payee name					-		
	09/01/2024		Staples							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	p Code	<u></u> е			
	\$21.64		1781 US Hw							
	Reimbursement from									
	X political contributions intended		Mansfield, T	X 76063						
8	PURPOSE				of this sabadula)	\ _I	b) Description	Пс	hack if traval outsin	de of Texas. Complete Schedule T.
ľ	OF	l ` ´	Printing Exp	e Categories listed at the top o	or triis scriedule)	, ["	b) Description	=		officeholder living expense
	EXPENDITURE		rinuing Exp	CIISC		ļ	Signature stam	ın.		
						٦	orgination or ottom	٠,		
9	Complete ONLY if direct	Can	ndidate/Officeh	older name			Office sought		0	ffice held
ľ	expenditure to benefit	Ouri	ididate/Officeri	older ridine			Omec sought		O	mice field
	C/OH									
	Date		Payee name							
	07/01/2024		Todd Enterp	rises Self Storage						
	Amount (\$)		Payee addres	s; City;	State; Zip	p Code	e			
	\$57.00		731 W. Debk	oie Lane						
	Reimbursement from									
	x political contributions intended		Mansfield, T	X 76063						
	PURPOSE		Category (See	e Categories listed at the top of	of this schedule))	Description	По	Check if travel outsid	de of Texas. Complete Schedule T.
	OF EXPENDITURE		Storage						Check if Austin, TX,	officeholder living expense
	LAPENDITORE					N	Monthly campa	aign s	storage unit r	ent.
		Can	ndidate/Officeh	older name			Office sought		0	ffice held
	expenditure to benefit C/OH									
		_								
	Date		Payee name	winner Colf Chause						
	08/01/2024	_		rises Self Storage						
	Amount (\$)	l	Payee addres		State; Zip	p Code	е			
	\$57.00		731 W. Debl	oie Lane						
	Reimbursement from political contributions									
	intended		Mansfield, T	X 76063						
	PURPOSE OF		Category (See	e Categories listed at the top of	of this schedule))	Description	=		de of Texas. Complete Schedule T.
	EXPENDITURE		Storage					ш		officeholder living expense
							Monthly campa	aign s	storage unit r	ent.
		<u> </u>								
	Complete ONLY if direct expenditure to benefit	Can	ndidate/Officeh	older name			Office sought		O	ffice held
	C/OH									
ı										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Polling Expense Finding Expense Printing Expense Printing Expense Polling Expense Printing Expense Polling Expense Printing Expense Polling Expense Poll	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
	oreal out a taymon	The Instruction Guide explains how to comp	llete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 22/25	Bennett, Patricia Baca (The Honorable)	00080109
4	Date	5 Payee name	
	09/03/2024	Todd Enterprises Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$57.00	731 W. Debbie Lane	
		731 W. Debbie Laile	
	Reimbursement from political contributions	M 5 - 11 TV 70000	
	intended	Mansfield, TX 76063	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
	OF EXPENDITURE	Storage	Check if Austin, TX, officeholder living expense
		M	onthly campaign storage unit rent.
9		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	11/18/2024	Vista Print	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.36	95 Hayden Avenue	
	Reimbursement from		
	X political contributions intended	Lexington, MA 02421	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Printing Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	I - I	Thank you" cards.
			,
	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	11/25/2024	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.00	750 N. Walnut Creek Dr.	
	Reimbursement from		
	x political contributions intended	Mansfield, TX 76063	
_			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Postage	
			tamps.
_	0 1: 0:::::::::::::::::::::::::::::::::		
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 23/25 Bennett, Patricia Baca (The Honorable) 00080109 Date Payee name 12/14/2024 Walgreens 6 Amount (\$) Payee address; City; State; Zip Code \$29.20 750 N. Walnut Creek Dr. Reimbursement from political contributions intended Х Mansfield, TX 76063 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Postage **EXPENDITURE** Stamps. Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/25 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bennett, Patricia Baca (The Honorable) 00080109 5 Name of person from whom amount is received 8 Amount (\$) 07/29/2024 \$300.00 Salem Media Group 6 Address of person from whom amount is received; City; State; Zip Code Camarillo, CA 93012 Purpose for which amount is received Check if political contribution returned to filer Overpayment of advertising expense

	OUTSTAN	IDING LOANS	SCHEDULE L					
	The Instruction	on Guide explains how to complete this form.	1	Total pages Schedule L: Sch: 1/1 Rpt: 25/25				
2	FILER NAME Bennett, Patricia	ı Baca (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080109				
	LENDER INFORMATION	4 Name of lender Baca, Marie						
		5 Lender address; City; State; Zip Code						
		Arlington, TX 76001						
	GUARANTOR INFORMATION	6 Name of guarantor						
	X not applicable	7 Guarantor address; City; State; Zip Code						
	LENDER INFORMATION	Name of lender Bennett, Patricia						
		Lender address; City; State; Zip Code						
		Mansfield, TX 76063						
	GUARANTOR INFORMATION	Name of guarantor						
	X not applicable	Guarantor address; City; State; Zip Code						
	LENDER INFORMATION	Name of lender						
		Bennett, Richard						
		Lender address; City; State; Zip Code						
		Mansfield, TX 76063						
	GUARANTOR INFORMATION	Name of guarantor						
	X not applicable	Guarantor address; City; State; Zip Code						