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) 00087436 15 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Edward A. NAME Date Received **ELECTRONICALLY FILED** 06/30/2025 NICKNAME LAST **SUFFIX** Alan Bennett CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mr. Larry J. NAME NICKNAME LAST **SUFFIX** Lynch **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (254) 405-5597 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 474 McLennan District Judge District 474

Forms provided by Texas Ethics Commission

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Version V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Bennett, Edward A. (The Honorable)	14 Filer ID 00087436	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL COMMITTEE(S) candidate / officeholder. These expenditures may have been made without the candidate's consent. Candidates and officeholders are required to report this information only if they recommittee(S)									
Additional Pages	COMMITTEE TYPE									
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEL ABBILLOS								
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
16 CONTRIBUTION TOTALS		I ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	,	\$ 0.00							
	4. TOTAL POLIT	4. TOTAL POLITICAL EXPENDITURES								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 5,373.18						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.								
		The Hono	rable Edward A. Benr	nett						
		Signature of	of Candidate or Officeho	lder						
AFFIX NO	ΓARY STAMP / SEAL AB	DVE								
		aid	, this the	day						
of	, 20, to co	ertify which, witness my hand and seal of office.								
Signature of office	eer administering oath	Printed name of officer administering oath	Title of office	r administering oath						
-	-	·		~						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 15

			3 of 15	
18 FILER NAM Bennett, Ed	(Ethics Commission Filers)			
20 SCHEDULE NAME OF S	SUBTOTAL AMOUNT			
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00	
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.00	
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0.00	
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 362.26	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

PLEDGE	D CONTRIBUTIONS (JUDICI	AL)		SCHEE	OULE B(J)
The Ins	truction Guide explains how to comple	ete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Bennett, Edwa	rd A. (The Honorable)		3 Filer ID (Ethics Commiss	ion Filers)
4 TOTAL OF U	NITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$)	9 In-kind (If a	description pplicable)
			Check if travel	ı outside of Texas	. Complete Schedule T.
10 Pledgor's princip	al occupation	11 Pledgor's job title	•		
12 Pledgor's employ	ver/law firm	13 Law firm of pledgor's	s spouse (if any)		
14 If pledgor is a ch	ild, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHEE	OULE E	(J)
	The Instructio	n Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/15				
2	FILER NAME Bennett, Edward	I A. (The Honorable)		1	iler ID 000874	(Ethics Con	nmission Fi	lers)
4	TOTAL OF UN	ITEMIZED LOANS				\$		0.00
5	Date of loan	7 Name of lender out-of-state Pa	AC (ID#:)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if a	any)			
16	If lender is child, la	w firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor	-			22 Amount	Guaranteed	d (\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	worll ou Firm	26 Law Firm of guarantor's sp	201100	(if any)			
	· 		20 Law Filli of guarantor's Sp	Jouse	(II ally)			
27	¹ If guarantor is child	d, law firm of parent(s) (if any)						

POLITICAL EXPENDITURES 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this forr	n.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
Sch: 1/5 Rpt: 6/15	Bennett, Edward A. (The Honorable)		00087436	
4 Date	5 Payee name		•	
03/08/2025	Barclays			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$30.00	P.O. Box 8802			
	Wilmington, DE 19899			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Credit Card Payment	Check if	f travel outside of Texas. Complete Schedule T.	
EXI ENDITORE			f Austin, TX, officeholder living expense	
		раушеш	t for monthly website fees (2 months)	1
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		gni	Office field	
	Г			
Date	Payee name			
04/10/2025	Barclays			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$15.00	P.O. Box 8802			
	Wilmington, DE 19899			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Credit Card Payment		f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
			website fee	
		,		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
05/09/2025	Barclays			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$15.00	P.O. Box 8802			
	Wilmington, DE 19899			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on.	
OF	Credit Card Payment		f travel outside of Texas. Complete Schedule T.	
EXPENDITURE	oroan cara raymon	Check if	f Austin, TX, officeholder living expense	
		monthly	website fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
experialitie to beliefft C/O				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers
	Sch: 2/5 Rpt: 7/15	Bennett, Edward A. (The Honorable) 00087436
4	Date	5 Payee name
	06/11/2025	Barclays
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	P.O. Box 8802
		Wilmington, DE 19899
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
		Flywheel monthly website fee
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/13/2025	CASA of McLennan County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1208 North 5th Street
		Waco, TX 76707
	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 Sponsoring table at fundraiser
		Sponsoning table at fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davida nama
	04/24/2025	Payee name One Main Financial
	Amount (\$) \$75.00	Payee address; City; State; Zip Code PO Box 981037
	Φ/5.00	PO BOX 901037
		D MA 00000
		Boston, MA 02298
	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
		luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations 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

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

	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: 3/5 Rpt: 8/15	Bennett, Edward A. (The Honorable) 00087436
4	Date	5 Payee name
	04/07/2025	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$244.00	424 Clay Avenue
		Waco, TX 76706
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		PO Box rent
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	01/06/2025	Wayfair MasterCard
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.17	PO Box 6772
		Sioux Falls, SD 57117
	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
		MCRW Dues
		mortivi Buse
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name Worksin MactarCord
	01/18/2025	Wayfair MasterCard
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.62	PO Box 6772
		Sioux Falls, SD 57117
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		website fee and staff lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 9/15	Bennett, Edward A. (The Honorable) 00087436
4	Date	5 Payee name
	02/17/2025	Wayfair MasterCard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	PO Box 6772
		Sioux Falls, SD 57117
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Texas Bar College dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	05/03/2025	Wayfair MasterCard
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.99	PO Box 6772
l		Sioux Falls, SD 57117
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Annual Domain Renewal Fee
l		Allitual Dollatti Reflewal Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	D-4-	
	Date 06/02/2025	Payee name Woyfeir MacterCord
		Wayfair MasterCard
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.65	PO Box 6772
		0' 5 11 00 57447
		Sioux Falls, SD 57117
	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
		MCRW Monthly Luncheon
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	, ₋ I Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expen Printing Exper	ad/Rental Expense se nse es/Contract Labor		Travel in District Travel Out of D	
	Credit Card Payment			The Instruction Guid	e explains	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 10/15		Bennett, E	dward A. (The Hon	orable)				00087436	
4	Date	5	Payee name	2						
	03/19/2025		Wayfair Ma							
<u>ا</u>	Amount (\$)	7	Payee addre		State:	Zip Code				
ľ	\$25.00	ļ ·	PO Box 67		Otato,	Zip Code				
	Ψ23.00		1 0 000 07	12						
			0: = "	05 57447						
L			Sioux Falls	s, SD 57117						
8	PURPOSE	(a)	Category (S	See Categories listed at the t	op of this sch	edule) (b)	Description			
	OF EXPENDITURE		Credit Card	d Payment						nplete Schedule T.
									, officeholder livin	g expense ralist Society
							Membership	Du	es ioi reue	railst Society
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								- m	
9	Complete ONLY if direct expenditure to benefit C/OI	, H	Candidate/Of	ficeholder name	C	Office sought	I		Office h	eld
	<u>'</u>									
l										

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

	The Inst	ruction Guide explains how	to complete this form.	(9)		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 1/5 Rpt: 11/15	Bennett, Edward A.	(The Honorable)		00087436		
4 CREDIT CARD ISSUER		ncial institution Lyfair	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	00	
6 PAYMENT	(a) Amount Charged \$50.62	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issuel 01/18/2025	r Paid		
7 PAYEE	(a) Payee name Slowrise Slice House	se #2	(b) Payee address; 1620 N. MLK Blvd Waco, TX 76704	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	•	Staff Lunch			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 01/07/2025	(c) Date(s) Credit Card Issuel 01/18/2025	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Flywheel		1229 Millwork Ave Suite 301 Omaha, NE 68102			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description monthly website fee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$15.99	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issue 05/03/2025	r Paid		
PAYEE	(a) Payee name Elodin Design, Inc.	1	(b) Payee address; 12004 Sequoia Ln Woodway, TX 76712	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Annual Domain Renewal	Fee		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		_

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	3 Filer ID (Ethics Commission Filers)				
Sch: 2/5 Rpt: 12/15	Bennett, Edward A.	(The Honorable)		00087436					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	00				
6 PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issue 02/17/2025	r Paid					
7 PAYEE	(a) Payee name Texas Bar College		(b) Payee address; PO Box 12487	City,	State,	Zip Code			
a BURDOS 05	(a) Catamani		Austin, TX 78711						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Continuing Education						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$30.65	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issue 06/02/2025	r Paid					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	McLennan County	Republican	P.O. Box 7291						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	Waco, TX 76710 (b) Description Monthly Luncheon						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 03/04/2025	(c) Date(s) Credit Card Issue 03/19/2025	r Paid					
PAYEE	(a) Payee name The Federalist Soci	iety	(b) Payee address; 1776 I Street NW Suite 300 Washington, DC 20006	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership Dues						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	•	TILK (enter a category	r not iisteu ai	oove)
1	Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 3/5 Rpt: 13/15	Bennett, Edward A.	(The Honorable)		00087436		,
4	CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00		
6	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 06/07/2025	(c) Date(s) Credit Card Issuer 06/11/2025	Paid		
7	PAYEE	(a) Payee name Flywheel		(b) Payee address; 1229 Millwork Ave Suite 301 Omaha, NE 68102	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Monthly website fee			
L	Non-Political	(*)	of Texas. Complete Schedule T.		officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	expenditure to benefit C/OH		T	1			
	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 02/07/2025	(c) Date(s) Credit Card Issuer 03/08/2025	⁻ Paid		
	PAYEE	(a) Payee name Flywheel		(b) Payee address; 1229 Millwork Ave Suite 301 Omaha, NE 68102	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description monthly website fee			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Issuer 03/08/2025	· Paid		
	PAYEE	(a) Payee name Flywheel		(b) Payee address; 1229 Millwork Ave Suite 301 Omaha, NE 68102	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense		(b) Description monthly website fee			
<u> </u>	Non-Political	1	of Texas. Complete Schedule T.		officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
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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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	s Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Sch: 4/5 Rpt: 14/15	Bennett, Edward A.	. (The Honorable)		00087436	0087436			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	0.00			
6 PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 04/07/2025	(c) Date(s) Credit Card Issue 04/10/2025	r Paid				
7 PAYEE	(a) Payee name Flywheel (a) Category		(b) Payee address; 1229 Millwork Ave Suite 301 Omaha, NE 68102	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense		(b) Description website fee					
X Political	itical							
Non-Political				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		I	1					
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card Issue 05/09/2025	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Flywheel		1229 Millwork Ave Suite 301 Omaha, NE 68102					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description monthly website fee					
Non-Political	(c) 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	plete ONLY if direct Candidate/Officeholder name Officeholder			ce sought Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	1 1 2 2		(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

	Candidate/Officeholder/Politica			laries/Wages/Contract		HER (enter a catego	ory not listed at	oove)
L			ruction Guide explains how	to complete this		•		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 5/5 Rpt: 15/15	Bennett, Edward A.			00087436			
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED		\$ 0.00		10
	ISSUER	One Main Financial		EXPENDITURES CHARGED TO A CREDIT	10			
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		c) Date(s) Credit Card Issuer Paid			
		\$75.00	04/24/2025	04/24/2025				

7	PAYEE	(a) Payee name		(b) Payee addı	ess;	City,	State,	Zip Code
				3312 Hillcrest Drive				
		Advocacy Center for Crime						
				Waco, TX 76708				
8	PURPOSE OF (a) Category			(b) Description				
	EXPENDITURE (See Categories listed at the top of this schedule)		Ticket for Spill the Tea Luncheon					
	X Political	Event Expense						
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if A			Check if Austin, TX,	n, TX, officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder	sought Office held					
expenditure to benefit C/OH								
r								
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