

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00089787	<b>2</b> Total pages filed:  6								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR Mrs.</td> <td style="width: 40%;">FIRST Cassandra</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Cassandra	MI MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/08/2025					
	MS / MRS / MR Mrs.	FIRST Cassandra	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 20%;">NICKNAME Cassie</td> <td style="width: 40%;">LAST Benoist-Templeton</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Cassie	LAST Benoist-Templeton	SUFFIX							
NICKNAME Cassie	LAST Benoist-Templeton	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 5401 S. FM 1626 Ste. 170 Box #211 Kyle, TX 78640		Date Hand-delivered or Date Postmarked								
			<table style="width: 100%;"> <tr> <td style="width: 60%;">Receipt #</td> <td style="width: 40%;">Amount</td> </tr> </table>	Receipt #	Amount						
	Receipt #	Amount									
			Date Processed								
		Date Imaged									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR Mr.</td> <td style="width: 40%;">FIRST Daniel</td> <td style="width: 40%;">MI MI</td> </tr> </table>			MS / MRS / MR Mr.	FIRST Daniel	MI MI					
	MS / MRS / MR Mr.	FIRST Daniel	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 20%;">NICKNAME</td> <td style="width: 40%;">LAST Ayala</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Ayala	SUFFIX						
NICKNAME	LAST Ayala	SUFFIX									
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 210 Mossycup Dr.  San Marcos, TX 78666										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 497-7993										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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 modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
	<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 modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	Month Day Year 01/01/2025										
	THROUGH Month Day Year 06/30/2025										
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">                     ELECTION DATE                      Month Day Year                      03/03/2026                 </td> <td style="width: 60%;">                     ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other  <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
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<b>11</b> OFFICE	OFFICE HELD (if any)										
	<b>12</b> OFFICE SOUGHT (if known) District Judge District 428th										

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Benoist-Templeton, Cassandra (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00089787
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,060.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 613.89
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,060.00
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 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.

Mrs. Cassandra Benoist-Templeton

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

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<b>18 FILER NAME</b> Benoist-Templeton, Cassandra (Mrs.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00089787
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 3,060.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 613.89
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/6
<b>2</b> FILER NAME Benoist-Templeton, Cassandra (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089787
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benoist, Raymond (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wimberley, TX 78676	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benoist-Templeton, Cassie <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$60.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Prosecutor
Contributor's employer/law firm Caldwell County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Noelia (Mrs.) <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/6
2 FILER NAME Benoist-Templeton, Cassandra (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089787
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas (Mr.) ..... 6 Contributor address; City; State; Zip Code  Kyle, TX 78640	7 Amount of Contribution (\$)  \$1,000.00
8 Contributor's Principal Occupation Certified Register Nurse Anesthetist		9 Contributor's Job Title Nurse Anesthetist
10 Contributor's employer/law firm GI Alliance		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 6/6		<b>2</b> FILER NAME Benoist-Templeton, Cassandra (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089787	
<b>4</b> Date 06/16/2025		<b>5</b> Payee name Ravelo, Liz (Mrs.)			
<b>6</b> Amount (\$) \$350.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 2202 Overbrook Dr.  Flowery Branch, GA 30542			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Graphic Design		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/21/2025		Payee name Vista Printing			
Amount (\$) \$108.89  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 275 Wyman St.  Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnetic Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/18/2025		Payee name Wimberley Valley Chamber of Commerce			
Amount (\$) \$155.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 12  Wimberley, TX 78676			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Entry Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	