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 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Patricia Baca NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Bennett CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; 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 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 ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 360 Tarrant

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Bennett, Patricia Bac	(Ethics Com	nmission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without equired to report this information	the candidate's or off	ficeholder's kn	owledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E						
	GENERAL								
		COMMITTEE ADD	RESS						
	SPECIFIC								
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	ZFD POLITICAL CO	ONTRIBUTIONS(OTHER THAN	N PLEDGES, LOANS	 S. T				
TOTALS			CONTRIBUTIONS MADE ELE		, \$	90.88			
		ICAL CONTRIBU PLEDGES, LOANS	I TIONS , OR GUARANTEES OF LOAN	S)	\$	8,862.83			
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$	0.00						
	4. TOTAL POLIT		\$	6,758.26					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	2,116.72			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	39,130.00			
17 AFFIDAVIT									
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the a	accompanying d to be reporte	report is ed by me			
			The Honoral	ole Patricia Baca B	Bennett				
	Signature of Candidate or Officeholder								
AFFIX NOT	ΓARY STAMP / SEAL AΒ	OVE							
Sworn to and subso	cribed before me, by the s	aid		, this the		day			
			my hand and seal of office.						
Signature of office	er administering oath	Printed name	of officer administering oath	Title of office	cer administer	ing oath			

SUBTOTALS - JC/OH

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

					3 of 15
_	ER NAM	Patricia Baca (The Honorable)	19 Filer ID 00080109	(Ethic	s Commission Filers)
		E SUBTOTALS SCHEDULE		5	SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	8,440.88
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	421.95
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	6,497.79
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	260.47
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/15
2	FILER NAME Bennett, Pat	ricia Baca (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080109
4	Date 02/14/2025	5 Full name of contributorGallagher, Terri6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$) \$250.00
		Fort Worth, TX 76116				
8		Principal Occupation		9 Contributor's Job Title		
	Real Estate			Realtor Agent		
10		employer/law firm Il Estate & Assoc.	ous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if a	ny)			
	N/A			N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	02/21/2025	KoonsFuller, PC Contributor address; City; St	ate; Zip Code			\$2,500.00
		Dallas, TX 75202				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	02/14/2025	Law Office of J. Kevin Cla	rk, PC			\$1,500.00
		Contributor address; City; St Fort Worth, TX 76104	ate; Zip Code			
	Contributor's F	IPrincipal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/15
2	FILER NAME Bennett, Pat	ricia Baca (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080109
4	Date 02/14/2025	5 Full name of contributorMims Ballew Hollingswo6 Contributor address; City;		7	Amount of Contribution (\$) \$2,500.00	
		Southlake, TX 76092				
8	Contributor's F	Principal Occupation	9 Contributor's Job Title			
10	Contributor's	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) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/14/2025	Peterchuck, Lisa Contributor address; City;		\$1,500.00		
		Fort Worth, TX 76104				
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Law			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		of J. Kevin Clark, PLLC		N/A		
	If contributor is N/A	s a child, law firm of parent(s) (i	f any)	N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/14/2025 Wright, Douglas Contributor address; City; State; Zip Code					\$100.00
		Fort Worth, TX 76107				
		Principal Occupation		Contributor's Job Title Attorney		
	Law					
		employer/law firm	oous	se (if any)		
		f Douglas W. Wright		N/A		
	If contributor is N/A	s a child, law firm of parent(s) (i	f any)	N/A		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/15 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Bennett, Patricia Baca (The Honorable) 00080109 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/11/2025 Harris, III, Harry \$421.95 Food & Beverages for 7 Contributor address; City; State; Zip Code fundraiser event. Fort Worth, TX 76109 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A The Harris Law Firm 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A N/A

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 7/15	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	02/25/2025	Bennett, Patricia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	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.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/04/2025	Bennett, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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
	EXI ENDITORE	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
	01/14/2025	Comerica Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.60	P.O. Box 650282
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Reorder fee for checks.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions Candidate Credit Card I	s/ Donations Made By e/Officeholder/Politica Payment	/ - al Comr	mittee L	egal Services	morials Expens			ages/	Contract Labor			Out of Dis (enter a	trict category not li	sted above)
		_		ine instruct	ion Guide ex	xpiains h	OW TO CO	npie	te this form.	_				
	s Schedule F1:	l								3			(Ethics Cor	nmission Filers)
	6 Rpt: 8/15	┝	Bennett, Pat	ricia Baca	(The Hon	orable)					08000	0109		
4 Date	_		Payee name											
05/22/202	25	L_F	Foley & Asso	ciates Co	urt Repor	ters								
6 Amount (\$))	7 F	Payee addres	s; City;		State;	Zip Co	de						
	\$624.00	6	6707 Brentw	ood Stair	Rd.									
		F	Fort Worth, 7	X 76112										
8 PURPO		(a) (Category (See	Categories lis	ted at the top o	of this sche	dule)	(b)	Description					
OF EXPEND			_egal Servic						Check if travel					Т.
	<u>-</u>								Check if Austin			der living	expense	
									Trial transcrip	ριS.				
0.0	DAIL V. (C1)		analial-+-10m	a la a la -la -			#:ac -	au le 4			~	CC: '	l al	
	<u>ONLY</u> if direct e to benefit C/O		andidate/Offic	enoider na	ne	Of	ffice sou	ynt			Of	ffice he	eia	
•		_												
Date		l	Payee name											
05/16/202	25	J	Johnston To	by Baruch	PC									
Amount (\$)		F	Payee addres	s; City;		State;	Zip Co	de						
	\$1,440.00	1	12377 Merit	Drive										
		5	Ste. 880											
		[Dallas, TX 7	5251										
PURPO		(a) (Category (See	Categories lis	ted at the top o	of this sche	dule)	(b)	Description					
OF EXPEND			_egal Servic						Check if travel					т.
-/(-/(D)									Check if Austin			der living	expense	
									Representati	on 1	iee.			
Campillate	OVII V ;t ~1;+	<u> </u>	andidata 'Ott'	obolde: :-			ffice see	ab.				ffice !-	ald.	
	<u>ONLY</u> if direct e to benefit C/O		andidate/Offic	enoluer na	ne	Oi	ffice sou(ynt			Oi	ffice he	eiu	
5 .		_												
Date	_	l	Payee name		. 1									
04/14/202			Main Street /											
Amount (\$)		l	Payee address			State;	Zip Co	de						
	\$16.90	l	777 Taylor S	t.										
		5	Ste. 100											
		F	Fort Worth, 7	X 76102										
PURPO		(a) (Category (See	Categories lis	ted at the top o	of this sched	dule)	(b)	Description					
OF EXPEND		F	Food/Bevera	ge Expen	se				Check if travel					т.
	<u>-</u>								Check if Austin		officeholo	der living	expense	
									Staff meeting	j.				
Complete (ONLY if direct		andidate/Offic	eholder ne	me	<u></u>	ffice soug	aht			<u> </u>	ffice he	ald.	
	e to benefit C/O		anuluale/OIIIC	ciloluel IId	IIC	Oi	mce sou(grit			Oi	ince He	au	
								_						

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 9/15	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	04/14/2025	McDonalds
6	Amount (\$) \$7.00	7 Payee address; City; State; Zip Code
	\$7.00	3902 S. Great Southwest Pkwy.
		Grand Prairie, TX 75051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Staff meeting.
		Stall Heeting.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/18/2025	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.12	P.O. Box 26466
		Livia David AD 70004
	DUDD 0.05	Little Rock, AR 72221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee.
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/10/2025	Tarrant County Young Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1315 Calhoun St.
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship/advertisement fee for April CLE event.
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 10/15	Bennett, Patricia Baca (The Honorable) 00080109
4	Date	5 Payee name
	01/06/2025	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) Storage (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly storage rental fee.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to belieff G/OI	<u> </u>
	Date	Payee name
	03/02/2025	Todd Enterprises Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.00	731 W. Debbie Lane
		Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Storage Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly storage rental fee.
		Worlding Storage rental ree.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Dete	
	Date 04/04/2025	Payee name Todd Enterprises Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.00	731 W. Debbie Lane
		Mansfield, TX 76063
	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 storage rental fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission Filers)
	Sch: 5/6 Rpt: 11/15	Bennett, Patricia Baca (The Honorable)				00080109	
4	Date	5 Payee name		•			
	05/09/2025	Todd Enterprises Self Storage					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$57.00	731 W. Debbie Lane					
		Mansfield, TX 76063					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Storage		Check if travel out			
				Check if Austin, TX Monthly storage			expense
				worthing Storage	C	remarice.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	ald.
	expenditure to benefit C/OI		giit			Office fie	, id
	Date	Dayaa nama					
	06/04/2025	Payee name Todd Enterprises Self Storage					
	Amount (\$)	Payee address; City; State; Zip Co	nde				
	\$57.00	731 W. Debbie Lane	uc				
	Ψ01.00	701 W. Bebble Lane					
		Mansfield, TX 76063					
	PURPOSE		(h)	D			
	OF	(a) Category (See Categories listed at the top of this schedule) Storage	(D)	Description Check if travel out	tsic	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Siorage		Check if Austin, T			
				Monthly storage	е	rental fee.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld
	experialiture to benefit C/Oi	1					
	Date	Payee name					
	05/03/2025	Tom Thumb					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$88.17	980 US Hwy 287					
		Mansfield, TX 76063					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel out			
	-			Check if Austin, TX			expense
				Editor for poll v	v	nicio.	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	۵ld
	expenditure to benefit C/OI		a. II			Cilioc He	, id

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 Salaries (Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction			ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 12/15	ı		tricia Baca (Tl	ne Honorable	!)				00080109	
4	Date	5	Payee name								
	02/22/2025		True Texas	Project							
6	Amount (\$)	7	Payee address	ss; City;	State;	; Zip Co	de				
	\$500.00		2300 Valley	View Ln							
			Ste. 242								
			Irving, TX 7	5062							
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	iedule)	(b)	Description			
	OF EXPENDITURE		Event Exper					므		de of Texas. Com	
								_		officeholder living	expense
								Event tickets.	•		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	03/07/2025		U.S. Post M	aster							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de				
	\$234.00		752 N. Main	St.							
			Mansfield, T	X 76063							
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Post Office	Box				=		de of Texas. Com	
	-							_		officeholder living	
								Annual renev	vai	IOI PO BOX I	entai.
	Computate ONLY if dispost	Ļ	Canalidate (Offi				a. la.t			Office he	.la
	Complete ONLY if direct expenditure to benefit C/OI		zandidate/Oili	ceholder name		Office sou	gnı			Office he	eid

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 Lega	wards/Memorials Exp Services Instruction Guide	Salaries	:wages/Contract Labor		OTHER (er	of District nter a category not lis	ted above)
				mstruction outle	cxpiums now to t	ompiete tina form.				
1	Total pages Schedule G: Sch: 1/2 Rpt: 13/15	2	FILER NAME Bennett, Patrici	a Baca (The H	onorable)		3	Filer ID 000801	(Ethics Comm 09	ission Filers)
_	<u> </u>	┢			,		<u> </u>			
4	Date	°	Payee name							
	02/12/2025		Albertsons							
6	Amount (\$)	7	Payee address;	City;	State; Zip C	Code				
	\$117.99		3563 Alton Rd.							
	Reimbursement from									
	X political contributions		Fort Morth TV	70100						
	intended		Fort Worth, TX	76109						
8	PURPOSE	(a)	Category (See Ca	egories listed at the to	pp of this schedule)	(b) Description	C	heck if travel	outside of Texas. Co	omplete Schedule T.
	OF EXPENDITURE		Event Expense				С	heck if Austin	n, TX, officeholder livi	ng expense
	EXI ENDITORE					Food & beverage	es f	or fundra	aiser.	
9	Complete ONLY if direct	Car	ndidate/Officeholde	er name		Office sought			Office held	
•	expenditure to benefit	O 01.				eee eeug.ii			J55 1.5.G	
	C/OH									
	Date		Payee name							
			,	s Calf Ctarage						
	02/08/2025	上	Todd Enterprise	s Sell Storage						
	Amount (\$)		Payee address;	City;	State; Zip C	Code				
	\$57.00		731 W. Debbie	Lane						
	Reimbursement from									
	X political contributions intended		Mansfield, TX 7	6063						
		⊢	•			T 5 F			= .	
	PURPOSE OF		Category (See Ca	egories listed at the to	pp of this schedule)	Description L	_		outside of Texas. Co n, TX, officeholder livi	
	EXPENDITURE		Storage			L L	_		i, ix, officeriolder livil	ng expense
						Monthly storage	ren	ıtal fee.		
	Complete ONLY if direct	Car	ndidate/Officeholde	er name		Office sought			Office held	
	expenditure to benefit C/OH									
	С/ОП									
	Date		Payee name							
	03/04/2025		Tom Thumb							
	Amount (\$)	⊢	Payee address;	City;	State; Zip C	`ode				
	` '		2400 W. 7th St.	-	State, Zip e	ouc				
	\$15.16		2400 W. 7111 St.							
	Reimbursement from political contributions									
	intended		Fort Worth, TX	76107						
	PURPOSE	T	Category (See Ca	egories listed at the to	pp of this schedule)	Description	C	heck if travel	outside of Texas. Co	omplete Schedule T.
	OF		Food/Beverage				= c	heck if Austin	n, TX, officeholder livi	ng expense
	EXPENDITURE		1 oca/Boverage	Exponed		Beverages for po	— oll v	vorkers.		
	Complete ONE V 's allows of	<u></u>	adidata/O#:!!	ar nom-		Office a secondary			Office k-1-1	
	Complete ONLY if direct expenditure to benefit	cai	ndidate/Officeholde	н патте		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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 14/15 Bennett, Patricia Baca (The Honorable) 00080109 Date Payee name 03/04/2025 Tom Thumb 6 Amount (\$) Payee address; City; State; Zip Code \$70.32 2400 W. 7th St. Reimbursement from political contributions intended Х Fort Worth, TX 76107 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Food for poll workers. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	OUTSTAN	IDING LOANS		SCHEDULE L				
	The Instruction	on Guide explains how to complete this form.	1	Total pages Schedule L: Sch: 1/1 Rpt: 15/15				
2	FILER NAME Bennett, Patricia	a Baca (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080109				
	LENDER INFORMATION	4 Name of lender Baca, Marie	1					
		5 Lender address; City; State; Zip Code						
	GUARANTOR	Arlington, TX 76001 6 Name of guarantor						
	INFORMATION							
	X not applicable	7 Guarantor address; City; State; Zip Code						
	LENDER INFORMATION	Name of lender Bennett, Patricia						
		Lender address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE						
	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						
	01115411705	Mansfield, TX 76063						
	GUARANTOR INFORMATION	Name of guarantor						
	X not applicable	Guarantor address; City; State; Zip Code						