

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |   |   |               |                   |
|---|---|---|---|---|---------------|-------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Filer ID (Ethics Commission Filers)      | <b>2</b> Total pages filed: <span style="float:right; font-size: 1.2em;">5</span> |   |               |                   |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR   | FIRST   | MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="font-size: 2em; color: blue; font-weight: bold; border: 2px solid blue; padding: 5px; display: inline-block;">                     RECEIVED<br/><br/>                     JUL 09 2024<br/><br/>                     BY: _____                 </div> |               |                   |
|   | William T.  |   |   |   |               |                   |
| NICKNAME  | LAST  | SUFFIX  |   |   |               |                   |
| Benton  |   |   |   |   |               |                   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #;  |   | CITY; STATE; ZIP CODE   |   |               |                   |
|   | [REDACTED], Rosenberg, TX 77471   |   |   |   |               |                   |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE   | PHONE NUMBER                                      | EXTENSION   |   |               |                   |
| ([REDACTED])  |   |   |   |   |               |                   |
| <b>6</b> CAMPAIGN TREASURER NAME                                      | MS / MRS / MR   | FIRST   | MI  |   |               |                   |
|   | William T.  |   |   |   |               |                   |
| NICKNAME  | LAST  | SUFFIX  |   |   |               |                   |
| Benton  |   |   |   |   |               |                   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |   | CITY; STATE; ZIP CODE   |   |               |                   |
|   | [REDACTED], Rosenberg, TX 77471   |   |   |   |               |                   |
| <b>8</b> CAMPAIGN TREASURER PHONE                                     | AREA CODE   | PHONE NUMBER                                      | EXTENSION   |   |               |                   |
|   | ([REDACTED])  |   |   |   |               |                   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff   | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  |               |                   |
|   | <input checked="" type="checkbox"/> July 15   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified Reporting Limit                        | <input type="checkbox"/> Final Report (Attach C/OH - FR)  |               |                   |
| <b>10</b> PERIOD COVERED  | Month   | Day   | Year  | Month   | Day           | Year              |
|   | 4 / 25 / 2024   |   |   | THROUGH   | 6 / 30 / 2024 |                   |
| <b>11</b> ELECTION  | ELECTION DATE   |   | ELECTION TYPE   |   |               |                   |
|   | Month   | Day   | Year  | Primary   | Runoff        | Other Description |
| 5 / 4 / 2024  |   | General   |   |   |               |                   |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  |   | <b>13</b> OFFICE SOUGHT (if known)  |   |               |                   |
|   | Rosenberg Mayor   |   |   |   |               |                   |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)                          | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |   |   |   |               |                   |
|   | COMMITTEE TYPE  | COMMITTEE NAME                                    |   |   |               |                   |
|   | GENERAL   | COMMITTEE ADDRESS                                 |   |   |               |                   |
|   | SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME                 |   |   |               |                   |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS              |   |   |               |                   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><b>William T. Benton</b> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ -0-                                 |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ -0-                                 |
| EXPENDITURE TOTALS                       | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ -0-                                 |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 819.35                              |
| CONTRIBUTION BALANCE                     | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ -0-                                 |
| OUTSTANDING LOAN TOTALS                  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ -0-                                 |

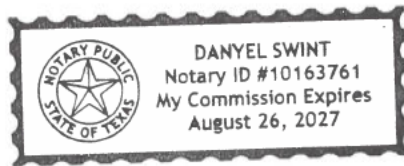
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*William Benton*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William T. Benton this the 9<sup>th</sup> day of July, 2024, to certify which, witness my hand and seal of office.

Danyel Swint Signature of officer administering oath  
Danyel Swint Printed name of officer administering oath  
City Secretary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

|   |   |
|---|---|
| <b>19 FILER NAME</b><br>William T. Benton | <b>20 Filer ID (Ethics Commission Filers)</b> |
|---|---|

| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b>                                      | <b>SUBTOTAL<br/>AMOUNT</b> |
|--|----------------------------|
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ -0-                     |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ -0-                     |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ -0-                     |
| 4. SCHEDULE E: LOANS   | \$ -0-                     |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ -0-                     |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ -0-                     |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ -0-                     |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ -0-                     |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 819.35                  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ -0-                     |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ -0-                     |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0-                     |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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:<br>2 | <b>2</b> FILER NAME<br>William T. Benton | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|--|--|

|                            |                            |
|----------------------------|----------------------------|
| <b>4</b> Date<br>5-16-2024 | <b>5</b> Payee name<br>HEB |
|----------------------------|----------------------------|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$85.18<br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br>23500 Circle Oak Pkwy., Richmond, TX 77469 |
|---|---|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                   |
|-------------------|-------------------|
| Date<br>5-16-2024 | Payee name<br>HEB |
|-------------------|-------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$373.46<br><small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code<br>23500 Circle Oak Pkwy., Richmond, TX 77469 |
|---|--|

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

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

|                   |                   |
|-------------------|-------------------|
| Date<br>5-18-2024 | Payee name<br>HEB |
|-------------------|-------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$60.70<br><small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code<br>23500 Circle Oak Pkwy., Richmond, TX 77469 |
|--|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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:<br><b>2</b>  | <b>2</b> FILER NAME<br><b>William T. Benton</b>   |               | <b>3</b> Filer ID (Ethics Commission Filers)                              |               |                 |
| <b>4</b> Date<br><b>5-19-2024</b>   | <b>5</b> Payee name<br><b>Randy Glendenning</b>   |               |   |               |                 |
| <b>6</b> Amount (\$)<br><b>\$300.00</b><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address;<br><b>1020 Bernard, Rosenberg, TX</b>                                   |               | <b>City;</b><br><b>77471</b>  | <b>State;</b> | <b>Zip Code</b> |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><b>Event Expense</b> |               | <b>(b) Description</b><br><b>Food</b>                                     |               |                 |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      |               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |               |                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |               |   |               |                 |
| Candidate / Officeholder name   |   | Office sought |   | Office held   |                 |
| Date  | Payee name  |               |   |               |                 |
| Amount (\$)   | Payee address;  |               | City;   | State;        | Zip Code        |
| <small>Reimbursement from political contributions intended</small>  |   |               |   |               |                 |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)                                    |               | Description   |               |                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |               |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |               |   |               |                 |
| Candidate / Officeholder name   |   | Office sought |   | Office held   |                 |
| Date  | Payee name  |               |   |               |                 |
| Amount (\$)   | Payee address;  |               | City;   | State;        | Zip Code        |
| <small>Reimbursement from political contributions intended</small>  |   |               |   |               |                 |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)                                    |               | Description   |               |                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |               |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |               |   |               |                 |
| Candidate / Officeholder name   |   | Office sought |   | Office held   |                 |

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