

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Vera	MI	OFFICE USE ONLY Date Received <i>10/27/25</i>			
	NICKNAME	LAST Bennett	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX-	APT / SUITE #;	CITY;	STATE; ZIP CODE Tool, Texas 75143			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked <i>10/27/2025</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Vera	MI	Receipt #			
	NICKNAME	LAST Bennett	SUFFIX	Date Processed <i>10/30/2025</i>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged <i>10/30/2025</i>			
9 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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 10	Day 3	Year 25	Month 10	Day 27	Year 25	
11 ELECTION	ELECTION DATE Month 11 Day 4 Year 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) City Council			13 OFFICE SOUGHT (if known) Mayor			
14 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.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL						
	<input type="checkbox"/> SPECIFIC						
	COMMITTEE ADDRESS						
COMMITTEE CAMPAIGN TREASURER NAME							
COMMITTEE CAMPAIGN TREASURER ADDRESS							

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Vera Bennett	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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1079.99
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1079.99
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Vera Bennett, and my date of birth is 10/1/1943.
 My address is Henderson, 26th (street) TX (city) TX (state) 7543 (zip code) US (country)
 Executed in TX County, State of TX, on the 26th day of October, 20 25
Vera C Bennett
 Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Vera Bennett	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 217.95
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1079.99
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 200.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2:</p>
<p>2 FILER NAME Vera Bennett</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$</p>
<p>5 Date 10-3</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey Lee</p>			<p>8 Amount of Contribution \$ 217.95</p>
	<p>7 Contributor address: City; State; Zip Code 3098 Cr. 3093 Malakoff, Tx 75148</p>			<p>9 In-kind contribution description</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Event General Manager</p>				<p>11 Employer (FOR NON-JUDICIAL)(See Instructions) Sunrise Point</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>			<p>Amount of Contribution \$</p>
	<p>Contributor address; City; State; Zip Code</p>			<p>In-kind contribution description</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 1	2 FILER NAME Vera Bennett	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name FMC Mailing		
6 Amount (\$) 1004.76	7 Payee address; 2151 W. Commerce St. Dallas, Texas 75216	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Mailers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Vera Bennett	Office sought Mayor	Office held Council
Date 10/25/2025	Payee name Iron Cotton Shirt Co		
Amount (\$) 47.63	Payee address; 420 S. Seven Points Blvd Seven Points Texas 75143	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T Shirts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Vera Bennett	Office sought Mayor	Office held Council
Date 10/25/2025	Payee name David Moses		
Amount (\$) 27.60	Payee address; 118 Woodcrest Dr. Tool Texas 75143	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Banner	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Vera Bennett	Office sought Mayor	Office held Council

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.

1 Total pages Schedule G: 1	2 FILER NAME Vera Bennett	3 Filer ID (Ethics Commission Filers)	
4 Date 10-14-2025	5 Payee name Casey Lee		
6 Amount (\$) 200.00 Reimbursement from political contributions intended	7 Payee address; 3098 Cr 1703 Malakoff Texas 75148	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Additional Signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Vera Bennett	Office sought Mayor	Office held council
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	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		
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
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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