

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: <div style="text-align: center; font-size: 1.5em;">16</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI A.	OFFICE USE ONLY
	NICKNAME Tony	LAST Bennie	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5275 Dugan Chapel Road, Bells, TX 75414			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 267-2951	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI W.	Receipt #
	NICKNAME Brady	LAST	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2101 Renaissance Dr. Denison, TX 75020			
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 815-4909	EXTENSION	
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 9	Day 1	Year 23	THROUGH
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month 3	Day 5	Year 24	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) Grayson County Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	N/A		
		COMMITTEE ADDRESS		
		N/A		
	COMMITTEE CAMPAIGN TREASURER NAME			
	N/A			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	N/A			

GO TO PAGE 2

GRAYSON CO ELECTIONS
2024 JUN 15 10:58:30

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

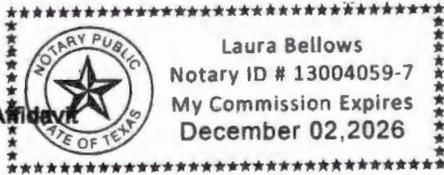
15 C/OH NAME William A. (Tony) Bennie		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39,048.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,791.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,256.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 A. Bennie

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William A. Bennie this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Laura Bellows Laura Bellows Admin. Asst.
Signature of officer administering oath Printed name of officer administering oath 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

19 FILER NAME William A. (Tony) Bennie		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39,048.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,791.90
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	■ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,000.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

William A. (Tony) Bennie

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/2023

5 Full name of contributor

Joseph Brown

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

100 N. Travis, Sherman, TX 75090

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/06/2023

Full name of contributor

J. Brett Smith

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

P.O. Box 1962, Van Alstyne, TX 75020

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2023

Full name of contributor

Tom Watt

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2307 Brookhaven Dr., Denison, TX 75020

Amount of contribution (\$)

177.60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/21/2023

Full name of contributor

RGB Eye Associates

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1625 N. U.S. Hwy 75, Sherman, TX 75090

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2025 09 25 15:01:02

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Timothy F. and Gayle L. Brown 6 Contributor address; City; State; Zip Code 605 Shelby TRL, Bells, TX 75414	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Jerry Paul Higgins, LTD Contributor address; City; State; Zip Code P.O. Box 1865, Sherman, TX 75090	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Bill Douglas & Janet Gott Contributor address; City; State; Zip Code 2301 San Miguel, Sherman, TX 75092	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: _____) William D. Benton Contributor address; City; State; Zip Code P.O. Box 908, Van Alstyne, TX 75495	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2023 SEP 21 10:10 AM
 STATE ETHICS COMMISSION
 1000 RICE STREET
 AUSTIN, TEXAS 78701

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Frank A. Peinado 6 Contributor address; City; State; Zip Code 6700 Robinson Canyon Rd, Aubrey, TX 76227	7 Amount of contribution (\$) 10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Classic Honda of Texoma Contributor address; City; State; Zip Code 2020 N. U.S. Hwy 75, Denison, TX 75020	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Cameron and Patty Riddels Contributor address; City; State; Zip Code 125 Riddels Rd, Sherman, TX 75092	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: _____) James Brett Smith Contributor address; City; State; Zip Code P.O. Box 1962, Van Alstyne, TX 75495	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2023-09-27 15:54:05
 COLLECTORS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
4 Date 10/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Robert E. Crawley 6 Contributor address; City; State; Zip Code P.O. Box 346, Denison, TX 75021	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/08/2023	Full name of contributor out-of-state PAC (ID#: _____) David and Mignon Plyler Contributor address; City; State; Zip Code 1102 S. Crockett St, Sherman, TX 75090	Amount of contribution (\$) 104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Chris R. Reynolds Contributor address; City; State; Zip Code 2101 Wyndham Ct., Sherman, TX 75092-1665	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Cindy and John McCoullough Contributor address; City; State; Zip Code P.O. Box 1665, Pottsboro, TX 75076-1665	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

GRAYSON CO ELECTIONS
2024 JAN 16 AM 10:59:02

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Randy Gill	7 Amount of contribution (\$) 104.10
	6 Contributor address; City; State; Zip Code 25 White Dove, Denison, TX 75020	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Rober T. Jarvis Law Firm - PC	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 123 W. Houston St., Sherman, TX 75090	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Grayson Holdings, LTD, Steve Palmer	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 430 Churchill Ln., Posttsboro, TX 75076-3454	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert F. Collins	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1031 Little Creek Dr., Denison, TX 75020	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filer)
4 Date 10/31/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Henry Whitman	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 10537 FM 775, Floresville, TX 78114-4240		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Phyllis James	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 777 Wallace RD, Gunter, TX 75058-3590		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Brent Grigg	Amount of contribution (\$) 104.10
Contributor address; City; State; Zip Code 24 Old Hwy 6, Howe, TX 75459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Terrence Steele	Amount of contribution (\$) 104.10
Contributor address; City; State; Zip Code 5200 Ambergate Ln, Sherman, TX 75092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Elk 6 Contributor address; City; State; Zip Code 1487 Fleming Rd., Bells, TX 75414	7 Amount of contribution (\$) 104.10
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 5	2 FILER NAME William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2023	5 Payee name Edgerton Strategies, LLC	
6 Amount (\$) 1,250.00	7 Payee address; City; State; Zip Code 1540 Keller Parkway #108-402 Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cost for campaign website design.
	(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 William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A
Date 10/06/2023	Payee name WinRed	
Amount (\$) 4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <small>Fees for fundraising platform.</small>
	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 William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A
Date 10/10/2023	Payee name Axiom	
Amount (\$) 1,582.00	Payee address; City; State; Zip Code 800 W. 47TH ST Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cost for campaign palm cards
	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 William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2023 OCT 10 10:10 AM
 2023 OCT 10 10:10 AM
 2023 OCT 10 10:10 AM

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salary/Wages/Contract Labor | 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 William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2023	5 Payee name WinRed	
6 Amount (\$) 4.10	7 Payee address; 1776 Wilson Blvd.,	City; State; Zip Code Arlington, VA 22209
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees for fundraising platform.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Office held Grayson County Sheriff N/A
Date 10/31/2023	Payee name Fast Signs	
Amount (\$) 3,191.46	Payee address; 1920 N. Grand Ave.,	City; State; Zip Code Sherman, TX 75090
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cost for campaign signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Office held Grayson County Sheriff N/A
Date 11/02/2023	Payee name WinRed	
Amount (\$) 4.10	Payee address; 1776 Wilson Blvd.,	City; State; Zip Code Arlington, VA 22209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees for fundraising platform.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Office held Grayson County Sheriff N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

GRAYSON COUNTY ELECTIONS
2024 NOV 16 AM 10:59:27

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2023	5 Payee name Republican Party of Grayson County	
6 Amount (\$) 750.00	7 Payee address; P.O. Box 3122	City; State; Zip Code Sherman, TX 75091
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Application fees.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Office held Grayson County Sheriff N/A
Date [REDACTED]	Payee name [REDACTED]	Items deleted in this field documented in page 1 of Schedule I.
Amount (\$) [REDACTED]	Payee address; [REDACTED]	City; State; Zip Code [REDACTED]
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) [REDACTED]	Description [REDACTED]
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name [REDACTED]	Office sought Office held Grayson County Sheriff [REDACTED]
Date 11/16/2023	Payee name Fast Signs	
Amount (\$) 3,324.01	Payee address; 1920 N. Grand Ave.,	City; State; Zip Code Sherman, TX 75090
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cost for campaign signs.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Office held Grayson County Sheriff N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

GRAYSON COUNTY ELECTIONS
2024 JAN 16 AM 10:59:31

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salary/Wages/Contract Labor	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 William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/2023	5 Payee name WinRed	
6 Amount (\$) 4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees for fundraising platform.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A
Date 12/14/2023	Payee name WinRed	
Amount (\$) 4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd., Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees for fundraising platform.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A
Date 12/19/2023	Payee name Bomgaars	
Amount (\$) 171.09	Payee address; City; State; Zip Code 2725 N. Sam Rayburn Fwy., Sherman, TX 75090	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Cost for campaign sign materials (Tposts)
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2023	5 Payee name Home Depot	
6 Amount (\$) 502.84	7 Payee address; City; State; Zip Code 601 N. Creek Dr., Sherman, TX 75092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Cost for campaign sign materials (wood strips, screws, and wire).
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name William A. (Tony) Bennie	Office sought Grayson County Sheriff
		Office held N/A
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held N/A

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2023	5 Payee name Texoma People Who Care	
6 Amount (\$) 1,000.00	7 Payee address; P.O. Box 1665,	City State Zip Code Pottsboro, TX 75076-1665
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Gift	(b) Description (See instructions regarding type of information required.) Gift to a non-profit 501-C3 organization.
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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