

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: 6																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>A.</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td>Tony</td> <td>Bennie</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	William	A.	NICKNAME	LAST	SUFFIX	Tony	Bennie		OFFICE USE ONLY							
MS / MRS / MR	FIRST	MI																			
Mr.	William	A.																			
NICKNAME	LAST	SUFFIX																			
Tony	Bennie																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">5275 Dugan Chapel Road, Bells, TX 75414</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5275 Dugan Chapel Road, Bells, TX 75414					Date Received									
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(903)</td> <td>267-2951</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(903)	267-2951		Date Hand-delivered or Date Postmarked													
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Mr.	Robert	W.																			
NICKNAME	LAST	SUFFIX																			
	Brady																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">2101 Renaissance Dr. Denison, TX 75020</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2101 Renaissance Dr. Denison, TX 75020												
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12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Grayson County Sheriff																			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td></td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">GENERAL</td> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">SPECIFIC</td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>N/A</td> </tr> <tr> <td></td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td>N/A</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME		N/A	GENERAL	COMMITTEE ADDRESS		N/A	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		N/A		COMMITTEE CAMPAIGN TREASURER ADDRESS		N/A		
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	N/A																				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

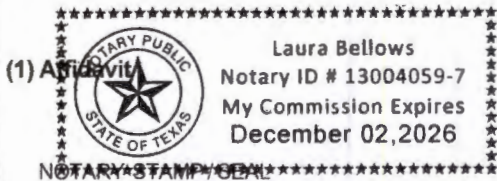
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,522.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,146.88
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:



Sworn to and subscribed before me by William A. BENNIE this the 26th day of February, 2024, to certify which, witness my hand and seal of office.

Laura Bellows Laura Bellows Admin. Assistant
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	\$ 500.00
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	\$ 1,522.50
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	\$ 700.00
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: 1
2 FILER NAME William A. (Tony) Bennie		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Misty Irvin 6 Contributor address; City; State; Zip Code 310 W. U.S. 82, Sherman, TX 75092	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Lynn Gravley Contributor address; City; State; Zip Code P.O. Box 508, Gunter, TX 75058	Amount of contribution (\$) 250.00
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	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: 1	2 FILER NAME William A. (Tony) Bennie	3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2024	5 Payee name Brett Smith	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1962, Van Alstyne, TX 75495	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution made by Candidate.	(b) Description Campaign contribution to Brett Smith.
	(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 02/12/2024	Payee name WinRed	
Amount (\$) 9.95	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 Fees for fundraising platform.
	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 02/19/2024	Payee name Whitesboro News-Record	
Amount (\$) 522.50	Payee address; City; State; Zip Code 130 E. Main Street, Whitesboro, TX 76273	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Cost for news paper ad.
	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

**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 02/07/2024	5 Payee name CASA of Grayson County		
6 Amount (\$) 500.00	7 Payee address; 101 E. Jones Street	City Sherman, TX 75090	State TX
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 02/09/2024	Payee name Denison Area Chamber of Commerce	
Amount (\$) 200.00	Payee address; 313 W. Woodard Street,	City Denison, TX 75020	State TX
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Gift		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
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