CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed:	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) | FIRST: Bennett | MI: R | NICKNAME | LAST: Dodson | SUFFIX

OFFICE USE ONLY

Date Received: Waller Co. Elections FEB 02 2026

Date Hand delivered or Date Postmarked: RECEIVED

Receipt # | Amount $

Date Processed

Date Imaged

4 ORIGINAL REPORT TYPE

- [x] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- Other (specify): _____

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
07	15	25	THROUGH	01	15	26

6 EXPLANATION OF CORRECTION

Expenditure erroneously left off previous report; report corrected with missing expenditure added

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [x] Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- [ ] Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

CYNTHIA MATA
Notary Public, State of Texas
Comm. Expires 05-16-2028
Notary ID 130660140

Sworn to and subscribed before me by Bennett Dodson this the 2nd day of February 20 26, to certify which, witness my hand and seal of office.

Cynthia Mata — Signature of officer administering oath

Cynthia Mata — Printed name of officer administering oath

Notary Public — 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 36

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Bennett | MI: R | NICKNAME | LAST: Dodson | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 124 | APT / SUITE #: | CITY: Hempstead | STATE: TX | ZIP CODE: 77445

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (979) | PHONE NUMBER: 921-2719 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Bennett | MI: R | NICKNAME | LAST: Dodson | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 645 12th St | APT / SUITE #: | CITY: Hempstead | STATE: TX | ZIP CODE: 77445

8 CAMPAIGN TREASURER PHONE

AREA CODE: (979) | PHONE NUMBER: 921-2719 | EXTENSION

OFFICE USE ONLY

Date Received

Waller Co. Elections

FEB 02 2026

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☑ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 07 / 15 / 2025 THROUGH 01 / 15 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 03 / 03 / 2026

ELECTION TYPE:

- ☑ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): County Court at Law No. 1

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	Bennett Dodson	**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)	$ 10,470.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,754.22
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.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

CYNTHIA MATA
Notary Public, State of Texas
Comm. Expires 05-16-2028
Notary ID 130660140

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bennett Dodson this the 2nd day of February 20 26, to certify which, witness my hand and seal of office.

Cynthia Mata — Signature of officer administering oath
Cynthia Mata — Printed name of officer administering oath
Notary Public — 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 - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Bennett Dodson	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10,140
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 330
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 6,195.65
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	$ 4,408.57
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☑	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 150.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5

2 FILER NAME: Bennett Dodson

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	7 Amount of contribution ($)
7-31-25	Philip Moore 6 Contributor address; City; State; Zip Code 6160 Warren Pkwy, Suite 100 Frisco, TX 75034	1,000

8 Contributor's principal occupation	9 Contributor's job title
Attorney	Attorney
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Moore Family Law	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
8-7-25	Donna Myers Contributor address; City; State; Zip Code 26807 Glenfield Hollow Lane Cypress, Texas 77433	25

Contributor's principal occupation	Contributor's job title
Retired	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
8-12-25	Patrica Perkins Contributor address; City; State: Zip Code 3406 Cherry Forest Dr Houston, TX 77088	100

Contributor's principal occupation	Contributor's job title
Retired	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5

2 FILER NAME: Bennett Dodson

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	7 Amount of contribution ($)
8-15-25	Mark Dodson	15
	6 Contributor address; City; State; Zip Code: 5151 Edloe St Apt 4211 Houston, Texas 77005	

8 Contributor's principal occupation	9 Contributor's job title
Retired	
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any):

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
8-25-25	Leon M Wallace	1,000
	Contributor address; City; State; Zip Code: 6400 Westpark Dr, Suite 470 Houston, Texas 77057	

Contributor's principal occupation	Contributor's job title
Realtor	Realtor
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Longevity Realty Partners	

If contributor is a child, law firm of parent(s) (if any):

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
8-29-25	Ann Dodson	500
	Contributor address; City; State; Zip Code: 5151 Edloe St Apt 4211 Houston, Texas 77005	

Contributor's principal occupation	Contributor's job title
Marketing	Marketing Manager
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Westlake Pipe & Fitting	

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5

2 FILER NAME: Bennett Dodson

3 Filer ID (Ethics Commission Filers):

---

4 Date: 9-26-25

5 Full name of contributor ☐ out-of-state PAC ID#:: Philip Ricker

6 Contributor address; City; State; Zip Code: 805 Avenue H Levelland, Texas 79336

7 Amount of contribution ($): 100

8 Contributor's principal occupation: Attorney

9 Contributor's job title: Attorney

10 Contributor's employer/law firm: Ricker Law Firm P.C.

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 10-1-25

Full name of contributor ☐ out-of-state PAC ID#:: Travis Fleetwood

Contributor address; City; State; Zip Code: 200 E Alamo St Brenham, Texas 77833

Amount of contribution ($): 5,000

Contributor's principal occupation: Attorney

Contributor's job title: Attorney

Contributor's employer/law firm: Ballard & Fleetwood Attorneys at Law

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 10-16-25

Full name of contributor ☐ out-of-state PAC ID#:: Jude Des Bordes

Contributor address; City; State; Zip Code: 1221 Lamar, 16th Floor Houston, Texas 77010

Amount of contribution ($): 200

Contributor's principal occupation: Attorney

Contributor's job title:

Contributor's employer/law firm: Cokinos | Young

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5

2 FILER NAME: Bennett Dodson

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID#:	**7** Amount of contribution ($)
11-21-25	James Hoffpauir **6** Contributor address; City; State; Zip Code 645 12th St Hempstead, Texas 77445	100

8 Contributor's principal occupation	**9** Contributor's job title
Investigator	Investigator
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Waller County District Attorney's Office	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
12-8-25	Mary Daaboul Contributor address; City; State; Zip Code 12110 Campos Drive Houston, TX 77065	500

Contributor's principal occupation	Contributor's job title
Retired	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
12-15-25	Kim Guarino Contributor address; City; State: Zip Code unable to collect	100

Contributor's principal occupation	Contributor's job title
Retired	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5

2 FILER NAME: Bennett Dodson

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:	7 Amount of contribution ($)
12-31-25	Barbara Shears	1,000
	6 Contributor address; City; State; Zip Code: 1201 McDuffie #130 Houston, TX 77019	

8 Contributor's principal occupation	9 Contributor's job title
unable to collect	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
1-3-26	Ann Dodson	500
	Contributor address; City; State; Zip Code: 5151 Edloe St Apt 4211 Houston, Texas	

Contributor's principal occupation	Contributor's job title
Marketing Manager	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Westlake Pipe & Fitting	

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution ($)
	Contributor address; City; State: Zip Code	

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2
2 FILER NAME Bennett Dodson	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date 11-5-25	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) Sean Whittmore **7** Contributor address; City; State; Zip Code 645 12th St Hempstead, Texas 77445	**8** Amount of Contribution $ 250	**9** In-kind contribution description 2 Seats for Crimestoppers Gala ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Attorney	**13** Contributor's job title (FOR JUDICIAL) (See Instructions) District Attorney
14 Contributor's employer/law firm (FOR JUDICIAL) State of Texas	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date 1-5-26	Full name of contributor ☐ out-of-state PAC (ID#:_____) Donna Myers Contributor address; City; State; Zip Code 26807 Glenfield Hollow Lane Cypress, Texas 77433	Amount of Contribution $ 50	In-kind contribution description Lunch for volunteers ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Retired	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2

2 FILER NAME: Bennett Dodson

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $

Contribution 1

5 Date: 1-11-26

6 Full name of contributor ☐ out-of-state PAC (ID#:_____): Mary Daaboul

7 Contributor address; City; State; Zip Code: 12110 Campos Drive Houston, TX 77065

8 Amount of Contribution $: 5

9 In-kind contribution description: Ice for drinks

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions):

11 Employer (FOR NON-JUDICIAL) (See Instructions):

12 Contributor's principal occupation (FOR JUDICIAL): Retired

13 Contributor's job title (FOR JUDICIAL) (See Instructions):

14 Contributor's employer/law firm (FOR JUDICIAL):

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL):

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL):

Contribution 2

Date: 1-11-26

Full name of contributor ☐ out-of-state PAC (ID#:_____): Judy Thigpen

Contributor address; City; State; Zip Code: 12607 Bounty Lane Tomball, TX 77377

Amount of Contribution $: 25

In-kind contribution description: Shipley's Donuts

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions):

Employer (FOR NON-JUDICIAL) (See Instructions):

Contributor's principal occupation (FOR JUDICIAL): Retired

Contributor's job title (FOR JUDICIAL) (See Instructions):

Contributor's employer/law firm (FOR JUDICIAL):

Law firm of contributor's spouse (if any) (FOR JUDICIAL):

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL):

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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name	
7-31-25	Prosperity Bank	
6 Amount ($)	7 Payee address; City; State; Zip Code	
10.00	80 Sugar Creek Center Blvd Sugar Land, TX 77478	
	☐ Check if individual's residence address.	95.65
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fees	(b) Description: Service charge
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 2

Date	Payee name	
8-10-25	Walmart	
Amount ($)	Payee address; City; State; Zip Code	
10.70	702 SW 8th St Bentonville, AK 72716	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Office Overhead	Description: Square reader
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 3

Date	Payee name	
8-10-25	Walmart	
Amount ($)	Payee address; City; State; Zip Code	
104.92	702 SW 8th St Bentonville, AK 72716	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Office Overhead	Description: Printer Ink
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	5 Payee name
8-10-25	Walmart

6 Amount ($)	7 Payee address; City; State; Zip Code
27.87	702 SW 8th St Bentonville, AK 72716 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Avery business cards
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
8-31-25	Prosperity Bank

Amount ($)	Payee address; City; State; Zip Code
10.00	80 Sugar Creek Center Blvd Sugar Land, TX 77478 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Service charge
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9-30-25	Prosperity Bank

Amount ($)	Payee address; City; State; Zip Code
10.00	80 Sugar Creek Center Blvd Sugar Land, TX 77478 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Service charge
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Waller Co. Elections

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FEB 02 2026

SCHEDULE F1

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

RECEIVED

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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	5 Payee name
10-18-25	Office Depot

6 Amount ($)	7 Payee address; City; State; Zip Code
204.85	6600 North Military Trail Boca Raton, FL 33496
	☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Avery postcards, business paper
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10-19-25	Best Buy

Amount ($)	Payee address; City; State; Zip Code
174.25	7601 Penn Avenue South Richfield, MN 55423
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office overhead	Campaign cellphone, case, screen protector
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10-21-25	Office Depot

Amount ($)	Payee address; City; State; Zip Code
121.75	6600 North Military Trail Boca Raton, FL 33496
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Avery postcards, business paper
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	5 Payee name
11-3-25	Cirillo Marketing

6 Amount ($)	7 Payee address; City; State; Zip Code
681.89	145 North Franklin Turnpike Suite 201 Ramsey, NJ 07446
	☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Yard signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-3-25	Prosperity Bank

Amount ($)	Payee address; City; State; Zip Code
20.00	80 Sugar Creek Center Blvd Sugar Land, TX 77478
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Wire transfer fee
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-5-25	Walmart

Amount ($)	Payee address; City; State; Zip Code
24.96	702 SW 8th St Bentonville, AK 72716
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Avery postcards
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

4 Date	5 Payee name
11-8-25	Waller County Republican Party

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1,500	PO Box 1414 Hempstead, TX 77445			

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fee	Filing Fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-13-25	USPS Post Master

Amount ($)	Payee address;	City;	State;	Zip Code
370.00	901 12th St Hempstead, TX 77445			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	Bulk Mailing Permit

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-9-25	inkDots LLC

Amount ($)	Payee address;	City;	State;	Zip Code
270.63	15803 Tuckerton Rd Houston, TX 77095			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	4' x 8' Signs

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name	
1-4-26	Walmart	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
38.60	702 SW 8th St Bentonville, AK 72716	
	☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
	Office Overhead	Tote for canvassing supplies, storage for office supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 2

Date	Payee name	
1-4-26	Costco	
Amount ($)	Payee address; City; State; Zip Code	
17.31	999 Lake Dr Issaquah, WA 98027	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food & Beverage Expense	Paper plates
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 3

Date	Payee name	
1-6-26	Republican Women's Club of Katy	
Amount ($)	Payee address; City; State; Zip Code	
100	9550 Spring Green Blvd Ste 408-122 Katy, TX 77494	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event	Candidate Forum
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name	
1-7-26	Costco	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
52.45	999 Lake Dr Issaquah, WA 98027	
	☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
	Food & Beverage Expense	Cookies and water bottles
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 2

Date	Payee name	
1-10-26	Walmart	
Amount ($)	Payee address; City; State; Zip Code	
83.41	702 SW 8th St Bentonville, AK 72716	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Campaign supplies
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 3

Date	Payee name	
1-11-26	Costco	
Amount ($)	Payee address; City; State; Zip Code	
149.97	999 Lake Dr Issaquah, WA 98027	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food & Beverage Expense	Sandwiches
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name	
1-12-26	USPS	
6 Amount ($)	**7 Payee address;** City; State; Zip Code	
1,159.51	901 12th St Hempstead, TX 77445	
	☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**
	Advertising Expense	January Mailers
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 2

Date	Payee name	
1-14-26	Amazon	
Amount ($)	**Payee address;** City; State; Zip Code	
52.58	410 Terry Avenue North Seattle, WA 98109	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	Advertising Expense	Business paper
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 3

Date	Payee name	
1-14-26	Waller County Republican Party	
Amount ($)	**Payee address;** City; State; Zip Code	
1,000	PO Box 1414 Hempstead, TX 77445	
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	Contribution made by candidate	Table for Lincoln-Reagan Dinner
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
7-7-25	Cloudflare

6 Amount ($)	7 Payee address; City; State; Zip Code
20.88 ☑ Reimbursement from political contributions intended	101 Townsend St San Francisco, CA 94107 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead	Website registration fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
7-20-25	Google

Amount ($)	Payee address; City; State; Zip Code
2.88 ☑ Reimbursement from political contributions intended	1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Google Workspace
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
8-1-25	Google

Amount ($)	Payee address; City; State; Zip Code
7.46 ☑ Reimbursement from political contributions intended	1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Google Workspace
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
8-13-25	Visible

6 Amount ($)	7 Payee address; City; State; Zip Code
25.00 ☑ Reimbursement from political contributions intended	8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead	Cell phone service

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
9-1-25	Google

Amount ($)	Payee address; City; State; Zip Code
7.46 ☑ Reimbursement from political contributions intended	1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
9-13-25	Visible

Amount ($)	Payee address; City; State; Zip Code
25.00 ☑ Reimbursement from political contributions intended	8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Cell phone service

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date: 10-1-25
5 Payee name: Google
6 Amount ($): 7.46
☑ Reimbursement from political contributions intended
7 Payee address; City; State; Zip Code: 1600 Amphitheatre Pwky Mountain View, CA 94043
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Office Overhead
(b) Description: Google Workspace
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name | Office sought | Office held

Date: 10-13-25
Payee name: Visible
Amount ($): 25.00
☑ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Office Overhead
Description: Cell phone service
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 10-18-25
Payee name: Michaels
Amount ($): 308.73
☑ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 3939 W John Carpenter Fwy Irving, TX 75063
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: T-Shirt supplies
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
10-22-25	Amazon

6 Amount ($): 16.23
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Yard sign stakes

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

Expenditure 2

Date	Payee name
11-1-25	Google

Amount ($): 7.46
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 1600 Amphitheatre Pwky Mountain View, CA 94043
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office Overhead

Description: Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

Expenditure 3

Date	Payee name
11-1-25	USPS

Amount ($): 188.00
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 901 12th St Hempstead, TX 77445
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office Overhead

Description: PO Box - 1 year

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
11-9-25	Walmart

6 Amount ($)	7 Payee address; City; State; Zip Code
112.26 ☑ Reimbursement from political contributions intended	702 SW 8th St Bentonville, AK 72716 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Avery postcards
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
11-13-25	Visible

Amount ($)	Payee address; City; State; Zip Code
25.00 ☑ Reimbursement from political contributions intended	8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Cell phone service
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
11-16-25	True Givers - True NCOA

Amount ($)	Payee address; City; State; Zip Code
20.00 ☑ Reimbursement from political contributions intended	PO Box 364 Oak Park, IL 60303 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Voter address verification
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
11-16-25	Walmart

6 Amount ($)	7 Payee address; City; State; Zip Code
112.26 ☑ Reimbursement from political contributions intended	702 SW 8th St Bentonville, AK 72716 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Avery postcards

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
11-16-25	Michaels

Amount ($)	Payee address; City; State; Zip Code
14.06 ☑ Reimbursement from political contributions intended	3939 W John Carpenter Fwy Irving, TX 75063 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Button machine

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
11-16-25	Michaels

Amount ($)	Payee address; City; State; Zip Code
31.38 ☑ Reimbursement from political contributions intended	3939 W John Carpenter Fwy Irving, TX 75063 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	T-Shirt supplies

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
11-16-25	Walmart

6 Amount ($): 48.89
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 702 SW 8th St Bentonville, AK 72716
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Avery postcards

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

Expenditure 2

Date	Payee name
11-16-25	Office Depot

Amount ($): 123.37
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 6600 North Military Trail Boca Raton, FL 33496
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Avery postcards, business paper

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

Expenditure 3

Date	Payee name
11-21-25	Amazon

Amount ($): 178.40
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Avery postcards

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #
Bennett Dodson	

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the January 15 report due on 1-15-26. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

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 _____, 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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
11-24-25	Melissa Data

6 Amount ($)	7 Payee address; City; State; Zip Code
4.97 ☑ Reimbursement from political contributions intended	22382 Avenida Empresa Rancho Santa Margarita, CA 92688 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	NCOA

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
12-1-25	Google

Amount ($)	Payee address; City; State; Zip Code
7.46 ☑ Reimbursement from political contributions intended	1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
12-2-25	Adobe

Amount ($)	Payee address; City; State; Zip Code
7.45 ☑ Reimbursement from political contributions intended	345 Park Avenue San Jose, CA 95110 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Adobe Software

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date	5 Payee name
12-4-25	Adobe

6 Amount ($)	7 Payee address; City; State; Zip Code
32.46 ☑ Reimbursement from political contributions intended	345 Park Avenue San Jose, CA 95110 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead	Adobe Software
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-5-25	Walmart

Amount ($)	Payee address; City; State; Zip Code
48.73 ☑ Reimbursement from political contributions intended	702 SW 8th St Bentonville, AK 72716 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food & Beverage Expense	Candy for Hempstead Holiday Lights Parade
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-9-25	Amazon

Amount ($)	Payee address; City; State; Zip Code
16.23 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Volunteer badge holders
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
12-12-25	Michaels

6 Amount ($): 90.84
☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 3939 W John Carpenter Fwy Irving, TX 75063
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: T-Shirt supplies

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

Expenditure 2

Date	Payee name
12-13-25	Visible

Amount ($): 25.00
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office Overhead

Description: Cell phone service

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

Expenditure 3

Date	Payee name
12-13-25	Amazon

Amount ($): 17.31
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 410 Terry Avenue North Seattle, WA 98109
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Yard sign stakes

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
12-17-25	T-Shirt King

6 Amount ($)	7 Payee address; City; State; Zip Code
382.66 ☑ Reimbursement from political contributions intended	7798 Harwin Dr Houston, TX 77036 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	T-Shirts

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
12-30-25	Amazon

Amount ($)	Payee address; City; State; Zip Code
57.51 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense & Office Overhead	Volunteer badge holders, yard sign stakes, canvassing tote bags

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
1-1-26	Google

Amount ($)	Payee address; City; State; Zip Code
7.46 ☑ Reimbursement from political contributions intended	1600 Amphitheatre Pwky Mountain View, CA 94043 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Google Workspace

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
1-5-26	Amazon

6 Amount ($)	7 Payee address; City; State; Zip Code
479.32 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Food & Beverage Expense & Office Overhead	Chex snack mix, Toner

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name
1-5-26	Amazon

Amount ($)	Payee address; City; State; Zip Code
227.22 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	T-Shirts

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
1-6-26	Dominos

Amount ($)	Payee address; City; State; Zip Code
62.73 ☑ Reimbursement from political contributions intended	30 Frank Lloyd Wright Drive Ann Arbor, MI 48105 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Food & Beverage Expense	Dinner for volunteers

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
1-7-26	Amazon

6 Amount ($)	7 Payee address; City; State; Zip Code
44.80 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead	Canvassing clipboards

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
1-8-26	Kroger

Amount ($)	Payee address; City; State; Zip Code
21.64 ☐ Reimbursement from political contributions intended	1014 Vine St Cincinnati, OH 45202 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food & Beverage Expense	Sandwich condiments

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
1-8-26	Amazon

Amount ($)	Payee address; City; State; Zip Code
10.80 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Sharpies

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
1-8-26	Amazon

6 Amount ($)	7 Payee address; City; State; Zip Code
6.62 ☐ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead	Bic Pens

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 2

Date	Payee name
1-9-26	inkDots

Amount ($)	Payee address; City; State; Zip Code
582.39 ☑ Reimbursement from political contributions intended	15803 Tuckerton Rd Houston, TX 77095 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	4' x 4' signs

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Expenditure 3

Date	Payee name
1-10-26	Amazon

Amount ($)	Payee address; City; State; Zip Code
213.28 ☑ Reimbursement from political contributions intended	410 Terry Avenue North Seattle, WA 98109 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Business paper

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

Expenditure 1

4 Date	5 Payee name
1-10-26	Walmart

6 Amount ($): 38.81
☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 702 SW 8th St Bentonville, AK 72716
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food & Beverage Expense

(b) Description: Iced tea & drink mix

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name
1-10-26	Office Depot

Amount ($): 673.60
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 6600 North Military Trail Boca Raton, FL 33496
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense & Office Overhead

Description: Business paper, toner

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
1-13-26	Visible

Amount ($): 25.00
☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 8450 E Crescent Pkwy Suite 200 Greenwood Village, CO 80111
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office Overhead

Description: Cell phone service

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
15	Bennett Dodson	

4 Date: 1-14-26

5 Payee name: Walmart

6 Amount ($): 17.10

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

702 SW 8th St Bentonville, AK 72716

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Office Overhead

(b) Description: storage container for rubber bands, flash drive

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Bennett Dodson	

4 Date	5 Payee name
9-13-25	Pattison Area VFD

6 Amount ($)	7 Payee address;	City	State	Zip Code
150.00	2950 FM 359 Pattison, Texas 77423			

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
	Other: Fundraiser Auction	Handgun carrying case

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.)

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