

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST Bennett MI R NICKNAME LAST Dodson SUFFIX			OFFICE USE ONLY
				Date Received Waller Co. Elections FEB 02 2026 RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 124 Hempstead, Texas 7745			
<input type="checkbox"/> Change of Address <b>5 CANDIDATE/</b> <b>OFFICEHOLDER</b> <b>PHONE</b>				
AREA CODE PHONE NUMBER EXTENSION ( 979 ) 921-2719				
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST Bennett MI R NICKNAME LAST Dodson SUFFIX			Date Hand-delivered or Date Postmarked
				Receipt # <input type="text"/> Amount \$ <input type="text"/>
<b>7 CAMPAIGN</b> <b>TREASURER</b> <b>ADDRESS</b> (Residence or Business)				
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 645 12th St Hempstead, Texas 77445				
<b>8 CAMPAIGN</b> <b>TREASURER</b> <b>PHONE</b>				
AREA CODE PHONE NUMBER EXTENSION ( 979 ) 921-2719				
<b>9 REPORT TYPE</b>				
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>				
Month Day Year 01 / 16 / 2026 THROUGH 02 / 02 / 2026				
<b>11 ELECTION</b>				
ELECTION DATE Month Day Year 03 / 03 / 2026 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
<b>12 OFFICE</b>				
OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) County Court at Law No. 1	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
<input type="checkbox"/> Additional Pages				

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)
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,406.31
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,962.15
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

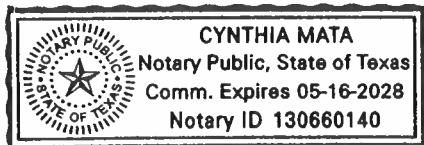
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bennett Dodson this the 2nd day of February

20 21, 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 Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
Bennett Dodson	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,156.31
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,608.28
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 491.44
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 865.00
12. <input type="checkbox"/> 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: 2
2 FILER NAME <b>Bennett Dodson</b>		3 Filer ID (Ethics Commission Filers)
4 Date 1-21-26	5 Full name of contributor Jolie Starrett	6 Contributor address; City; State; Zip Code 6160 Warren Pkwy, Suite 100, Frisco, TX 75034
7 Amount of contribution (\$) <b>500.00</b>		
8 Contributor's principal occupation <b>Paralegal</b>		9 Contributor's job title <b>Paralegal</b>
10 Contributor's employer/law firm <b>Moore Family Law</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1-31-26		
Full name of contributor Lee Richardson Jr.		□ out-of-state PAC ID#:
Contributor address; City; State; Zip Code 918 Austin St, Hempstead, TX 77445		Amount of contribution (\$) <b>500.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>LV Richardson Law Office PLLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1-31-26		
Full name of contributor Carbett "Trey" J. Duhon III		□ out-of-state PAC ID#:
Contributor address; City; State; Zip Code PO Box 640 Waller, Texas 77484		Amount of contribution (\$) <b>1,000</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Looney Smith Conrad &amp; Hefti P.C.</b>		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: 2																																	
<b>2 FILER NAME</b> Bennett Dodson		<b>3 Filer ID (Ethics Commission Filers)</b>																																	
<b>4 Date</b> 2-1-2026	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Rick Harsch  <b>6 Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>  1734 Berkoff Drive Sugar Land, Texas 77479	<b>7 Amount of contribution (\$)</b> 154.65																																	
<b>8 Contributor's principal occupation</b> Real Estate		<b>9 Contributor's job title</b> Agent																																	
<b>10 Contributor's employer/law firm</b> CSSI Services LLC		<b>11 Law firm of contributor's spouse (if any)</b>																																	
<b>12 If contributor is a child, law firm of parent(s) (if any)</b>																																			
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor   <input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address;      City;      State;      Zip Code</td> <td></td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b></td> <td> <b>Contributor's job title</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b></td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> <tr> <td colspan="3"> <table border="1"> <tr> <td>Date</td> <td>Full name of contributor   <input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address;      City;      State:      Zip Code</td> <td></td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b></td> <td> <b>Contributor's job title</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b></td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> </table> </td> </tr> </table>			Date	Full name of contributor  <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)		Contributor address;      City;      State;      Zip Code		<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>	<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>	<b>If contributor is a child, law firm of parent(s) (if any)</b>			<table border="1"> <tr> <td>Date</td> <td>Full name of contributor   <input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address;      City;      State:      Zip Code</td> <td></td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b></td> <td> <b>Contributor's job title</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b></td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> </table>			Date	Full name of contributor  <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)		Contributor address;      City;      State:      Zip Code		<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>	<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>	<b>If contributor is a child, law firm of parent(s) (if any)</b>		
Date	Full name of contributor  <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)																																	
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Date	Full name of contributor  <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)																																	
	Contributor address;      City;      State:      Zip Code																																		
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>																																	
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>																																	
<b>If contributor is a child, law firm of parent(s) (if any)</b>																																			

**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: 1
2 FILER NAME Bennett Dodson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 1-31-26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carbett "Trey" J. Duhon III ..... 7 Contributor address; City; State; Zip Code PO Box 640 Waller, Texas 77484	8 Amount of Contribution \$ 250.00 9 In-kind contribution description 2 seats for Crimestoppers Gala <input type="checkbox"/> 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) Attorney
14 Contributor's employer/law firm (FOR JUDICIAL) Looney Smith Conrad Hefti P.C.		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$  <input type="checkbox"/> 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)		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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)	
4 Date 1-19-26	5 Payee name Brookshire Brothers		
6 Amount (\$) 9.99	7 Payee address; 1201 Ellen Trout Dr. <input type="checkbox"/> Check if individual's residence address.	City: Lufkin State: TX Zip Code: 75904	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Snacks for canvassing volunteers	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-19-26	Payee name Costco		
Amount (\$) 122.97	Payee address; 999 Lake Drive <input type="checkbox"/> Check if individual's residence address.	City: Issaquah State: WA Zip Code: 98027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Sandwiches, cookies for canvassing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-21-26	Payee name Harland Clark Check Orders		
Amount (\$) 45.01	Payee address; 80 Sugar Creek Center Blvd <input type="checkbox"/> Check if individual's residence address.	City: Sugar Land State: TX Zip Code: 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Check Order	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)	
4 Date 1-21-26	5 Payee name inkDots		
6 Amount (\$) 455.73	7 Payee address; 15803 Tuckerton Rd Houston, TX 77095	City; State; Zip Code	
<input type="checkbox"/> 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 4x4 Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-22-26	Payee name inkDots		
Amount (\$) 538.00	Payee address; 15803 Tuckerton Rd Houston, TX 77095	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ard signs stakes	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-30-26	Payee name Amazon		
Amount (\$) 178.40	Payee address; 410 Terry Avenue North Seattle, WA 98109	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Avery postcards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)	
4 Date 1-31-26	5 Payee name Meta		
6 Amount (\$) 80.23	7 Payee address; 1 meta Way <input type="checkbox"/> Check if individual's residence address.	City: Menlo Park State: CA Zip Code 94025	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-31-2026	Payee name Office Depot		
Amount (\$) 166.26	Payee address; 6600 N Military Trl <input type="checkbox"/> Check if individual's residence address.	City: Boca Raton State: FL Zip Code 33487	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Office Overhead	Description Avery business cards and toner	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1-31-2026	Payee name Prosperity Bank		
Amount (\$) 10.00	Payee address; 4295 San Felipe <input type="checkbox"/> Check if individual's residence address.	City: Houston State: TX Zip Code 77027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service charge	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Bennett Dodson</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-1-2026</b>	5 Payee name <b>Walmart</b>		
6 Amount (\$) <b>1.69</b>	7 Payee address; <b>811 Excellence Dr Bentonville, AR 72716</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Screws for signs</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)
4 Date 1-15-26	5 Payee name Lowe's	
6 Amount (\$) 94.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1000 Lowes Blvd Mooresville, NC 28117 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 4' T-posts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Hometown Hardware	Office sought Office held
Date 1-16-26	Payee name Hometown Hardware	
Amount (\$) 43.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2915 Jorie Boulevard Oak Brook, IL 60523 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Post Driver
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Walmart	Office sought Office held
Date 1-17-26	Payee name Walmart	
Amount (\$) 73.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 811 Excellence Dr Bentonville, AR 72716 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Candy for MLK Day Parades
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)
4 Date 1-17-26	5 Payee name Hometown Hardware	
6 Amount (\$) 18.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 2915 Jorie Boulevard Oak Brook, IL 60523 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description Rope for signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 1-18-26	Payee name Steinhauser's	
Amount (\$) 64.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 228 East Front St Sealy, TX 77474 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Description 6' T-posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 1-18-26	Payee name Walmart	
Amount (\$) 54.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 811 Excellence Dr Bentonville, AR 72716 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Description Candy for MLK Day Parades
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)
4 Date 1-26-26	5 Payee name Walmart	
6 Amount (\$) 11.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 811 Excellence Dr Bentonville, AR 72716 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Rope for signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steinhauser's	Office sought Office held
Date 1-29-26	Payee name Steinhauser's	
Amount (\$) 58.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 228 East Front St Sealy, TX 77474 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 6' T-posts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Google	Office sought Office held
Date 1-31-26	Payee name Google	
Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1600 Amphitheatre Pkwy Mountain View, CA 94043 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Google Ad Words
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Google	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Bennett Dodson	3 Filer ID (Ethics Commission Filers)
4 Date 1-31-26	5 Payee name Lowe's	
6 Amount (\$) 44.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1000 Lowes Blvd Mooresville, NC 28117 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 6' T-posts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 2-1-26	Payee name Google	
Amount (\$) 7.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1600 Amphitheatre Pwy Mountain View, CA 94043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Google Workspace
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Bennett Dodson	
4 Date	5 Payee name	
1-17-26	Friends of Royal FFA	
6 Amount (\$) 65.00	7 Payee address; Brookshire, Texas	City _____ State _____ Zip Code _____
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.)  Other	(b) Description (See instructions regarding type of information required.)  Fundraiser Auction Purchase
Date 1-17-26	Payee name Friends of Royal FFA	
Amount (\$) 200.00	Payee address; Brookshire, Texas	City _____ State _____ Zip Code _____
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  Other	Description (See instructions regarding type of information required.)  Fundraiser Auction Purchase
Date 1-31-26	Payee name Waller County Crimestoppers	
Amount (\$) 600.00	Payee address; 100 Sheriff R Glenn Smith Dr Hempstead, Texas 77445	City _____ State _____ Zip Code _____
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  Other	Description (See instructions regarding type of information required.)  Fundraiser Auction Purchase
Date	Payee name	
Amount (\$)	Payee address;	City _____ State _____ Zip Code _____
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
3 SIGNATURE 4 I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.	
Signature of Candidate / Officeholder	
4 FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. ..	
<b>A. CAMPAIGN FUNDS</b> Check only one: <input type="checkbox"/> I do not have unexpended contributions or unexpended interest or income earned from political contributions. <input type="checkbox"/> I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	
<b>B. ASSETS</b> Check only one: <input type="checkbox"/> I do not retain assets purchased with political contributions or interest or other income from political contributions. <input type="checkbox"/> I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.	
Signature of Candidate	
5 OFFICEHOLDER .. Complete this section only if you are an officeholder ..	
<input type="checkbox"/> I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	
Signature of Officeholder	



## 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.*

Filer name	Filer ID #
------------	------------

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

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 \_\_\_\_\_ report due on \_\_\_\_\_. 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**

NOTARY STAMP / SEAL

Signature of Filer

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**