

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **17**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Caroline

H

NICKNAME

LAST

SUFFIX

Bennett

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

12335 Kingsride Houston TX 77019

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

553

0358

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Rebecca

B

NICKNAME

LAST

SUFFIX

Brooke Vescovo

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

202

6744

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

02 / 01 / 2022

THROUGH

Month

Day

Year

3 / 31 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 7 / 2022

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SBISD Trustee 7

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

RECEIVED
APR 7 2022
Deane Deane
BY: Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Caroline H. Bennett</u>		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)	\$ <u>190.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,723.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>73.41</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,113.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,816.75</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>816.25</u>

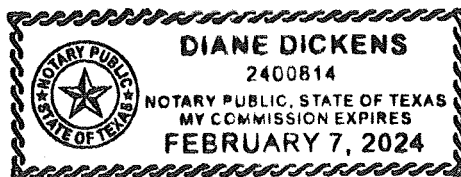
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Caroline H. Bennett

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Caroline H. Bennett this the 7 day of April, 2022, to certify which, witness my hand and seal of office.

Diane Dickens Diane Dickens notary public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Caroline H. Bennett

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,750.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 783.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 816.25
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,066.09
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,845.66
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	\$ 128.79
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Caroline H. Bennett</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Heidi Holcomb</u> 6 Contributor address; City; State; Zip Code <u>13727 Alchester Ln. Houston TX 77079</u>	7 Amount of contribution (\$) <u>\$500</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ashley Zahn</u> Contributor address; City; State; Zip Code <u>8511 Cedarbraekel Dr. Houston TX 77055</u>	Amount of contribution (\$) <u>\$500</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Erin Moss</u> Contributor address; City; State; Zip Code <u>719 Wax Myrtle Houston TX 77079</u>	Amount of contribution (\$) <u>\$100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/8/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary Dominguez</u> Contributor address; City; State; Zip Code <u>12807 Butterfly Ln Houston TX 77024</u>	Amount of contribution (\$) <u>\$100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ara Hardig <hr/> 6 Contributor address; City; State; Zip Code 52321 Boheme Houston TX 77024	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendle Dardis <hr/> Contributor address; City; State; Zip Code 514 Fall River Rd Houston TX 77024	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyd Stegent <hr/> Contributor address; City; State; Zip Code 13318 Kimberley Ln. Houston TX 77079	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Biar <hr/> Contributor address; City; State; Zip Code 12203 Broken Bough Dr. Houston TX 77024	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Caroline H. Bennett

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/22

5 Full name of contributor

Mark Baird

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

347 Fawnlake Dr. Houston TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/22

Full name of contributor

Amy Huggins

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150

Contributor address;

City;

State;

Zip Code

440A W 17th St. Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/22

Full name of contributor

John Irvine

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

1608 Nevada St. B Houston TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/22

Full name of contributor

Valerie Manis

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

8335 Ginger Oak Houston TX 77055

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 6	
2 FILER NAME Caroline H. Bennett				3 Filer ID (Ethics Commission Filers)	
4 Date 3/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Barrett			7 Amount of contribution (\$) \$300	
	6 Contributor address; City; State; Zip Code 329 Buckingham Dr. Houston TX 77024				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Peterson			Amount of contribution (\$) \$250	
	Contributor address; City; State; Zip Code 502 Longwoods Ln Houston TX 77024				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelli Peacock			Amount of contribution (\$) \$250	
	Contributor address; City; State; Zip Code 11602 Starwood Houston TX 77024				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Burger			Amount of contribution (\$) \$100	
	Contributor address; City; State; Zip Code 12223 Beauregard Houston TX 77024				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Nuckols <hr/> 6 Contributor address; City; State; Zip Code 718 Wax Myrtle Houston TX 77079	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Sperandio <hr/> Contributor address; City; State; Zip Code 706 Camelot Ln. Houston TX 77024	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defend Texas Liberty PAC <hr/> Contributor address; City; State; Zip Code 215 Sam Bass Rd. Willow Park TX 76087	Amount of contribution (\$) \$4,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Teel <hr/> Contributor address; City; State; Zip Code 11602 Starwood Dr. Houston TX 77024	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 6	
2 FILER NAME Caroline H. Bennett				3 Filer ID (Ethics Commission Filers)	
4 Date 3/28/22		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph McBride		7 Amount of contribution (\$) \$250	
		6 Contributor address; City; State; Zip Code 807 Old Lake Rd. Houston TX 77057			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 3/28/22		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Coleman		Amount of contribution (\$) \$100	
		Contributor address; City; State; Zip Code 14743 Carolcrest Houston TX 77079			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/28/22		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Andrews		Amount of contribution (\$) \$250	
		Contributor address; City; State; Zip Code 10630 Fairlane Houston TX 77024			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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: 3	
2 FILER NAME Caroline H. Bennett				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 3/8/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Anderson			8 Amount of Contribution \$ \$308	9 In-kind contribution description Meet and Greet
7 Contributor address; City; State; Zip Code 12615 Taylorcrest Houston TX 77024				<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)			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)					

Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paige Donnell			Amount of Contribution \$ \$95	In-kind contribution description Meet and Greet
Contributor address; City; State; Zip Code 14311 River Forest Houston TX 77079				<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)					

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: 3	
2 FILER NAME Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/24/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marisol Denson	8 Amount of Contribution \$ \$95	9 In-kind contribution description Meet & Greet
7 Contributor address; City; State; Zip Code 14319 Heatherfield Houston TX 77079		<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)		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)			

Date 3/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Erin Fulweber	Amount of Contribution \$ \$95	In-kind contribution description Meet & Greet
Contributor address; City; State; Zip Code 14707 Carolcrest Houston TX 77079		<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)			

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: <div style="text-align: center; font-size: 1.5em;">3</div>	
2 FILER NAME <div style="font-size: 1.2em;">Caroline H. Bennett</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="font-size: 1.2em;">3/24/22</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Christian Thompson</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">\$95</div>	9 In-kind contribution description <div style="font-size: 1.2em;">Meet + Greet</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">14426 Twisted Oak Ln. Houston TX 77079</div>		<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)		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)			

Date <div style="font-size: 1.2em;">3/24/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Brooke Vescovo</div>	Amount of Contribution \$ <div style="font-size: 1.2em;">\$95</div>	In-kind contribution description <div style="font-size: 1.2em;">Meet + Greet</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">14927 Carolcrest Houston TX 77079</div>		<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)			

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

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke Vescovo	9 Loan Amount (\$) 816.25
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 14921 Camlcrest Houston TX 77079	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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		2 FILER NAME Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/22		5 Payee name Alliance Reprographics			
6 Amount (\$) 816.25		7 Payee address; 3407 Houston Ave		City; Houston	State; TX
				Zip Code 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description 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 3/29/22		Payee name Alliance Reprographics			
Amount (\$) 69.40		Payee address; 3407 Houston Ave		City; Houston	State; TX
				Zip Code 77079	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs		
	<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
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
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

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		2 FILER NAME Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)	
4 Date 3/23/22		5 Payee name FedEx			
6 Amount (\$) 101.53		7 Payee address; 12191 Katy Fwy		City; Houston	State; Zip Code TX 77079
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Note Cards / Information Cards		
	<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					
Date 3/24/22		Payee name FedEx			
Amount (\$) 78.91		Payee address; 12191 Katy Fwy		City; Houston	State; Zip Code TX 77079
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Info. Cards		
	<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					
Date		Payee name			
Amount (\$)		Payee 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					
Date		Payee name			
Amount (\$)		Payee 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					

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Caroline H. Bennett	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 3/23/22	6 Payee name Sprint 2 Print	
7 Amount (\$) 1,845.66	8 Payee address; City; State; Zip Code 8748 Clay Rd. #300 Houston TX 77080	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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			

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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 Caroline H. Bennett		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/22	5 Payee name FedEx		
6 Amount (\$) 93.79 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1291 Katy Fwy Houston TX 77079		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Note / info. cards
	<input type="checkbox"/> (c) 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 3/11/22	Payee name PoliEngine		
Amount (\$) 35 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PoliEngine, LLC Gainesville Florida 32601		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website
	<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; 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			

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